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# Assessing Altruistic Behavior, Burnout, and Wellness Outcomes of Entry Level, Live-in and Live on Residence Life Professionals

Erin Coquese Vaughn

*Louisiana State University and Agricultural and Mechanical College, evaughn@lsu.edu*

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ASSESSING ALTRUISTIC BEHAVIOR, BURNOUT, AND WELLNESS OUTCOMES OF  
ENTRY LEVEL LIVE-IN AND LIVE ON RESIDENCE LIFE PROFESSIONALS

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy

in

The School of Education

by

Erin Coquese R. Vaughn

B.S., University of Southern Mississippi, 2007

M.S., University of Central Arkansas, 2009

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I dedicate this dissertation to my earliest teachers, my parents, Dr. and Mrs. Edward Vaughn, Sr. and grandparents as I could not have completed this without their words of encouragement, support, and love. I also dedicate this to friends and family both near and far for their encouraging words and other forms of support.

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## **ABSTRACT**

The current study investigated the relationship between burnout, wellness, and altruistic motivation of entry level, live-in and live on residence life staff. The literature review consists of empirical research for each construct presented (burnout, wellness, and altruism). The study sampled utilized were live-in and live on full time, entry level residence life personnel employed at predominately white public and private institutions in the southeastern part of the United States. Multiple regression analysis was used answer specific research questions. Results confirmed that there was no relationship existed between constructs; however findings do suggest burnout of residence life staff. Results are thoroughly reviewed and compared to other research. Lastly implications are presented.

## **CHAPTER 1: INTRODUCTION**

Since the mid-1900s, residence life operations have undergone drastic changes.

Housemothers monitored students and oversaw operations. However, now paraprofessional and professional staff are utilized to aid in student growth and development (Belch & Mueller, 2003).

These staff members typically live in residential communities in which they oversee students.

Although there are many titles given to these professionals, some common titles are Residence Hall Director, Residence Life Coordinator, and Community Director.

Residence life, especially entry level positions, is considered the gateway for new professionals to get into student affairs as most new student affairs professionals are in residential life (Henning, Cilente, Kennedy, & Sloane, 2011). Even in many student affairs preparation programs, many students are graduate assistants in residence life. Frederiksen (1993) noted, “Housing and residence life career field has become a primary provider of basic student affairs and professional work experiences and in doing so offers an excellent experience foundation for other career fields within student affairs,” (p. 176). Professionals in residence life are interested in a position that will provide them skills and opportunities that allow them to write reports, develop programs and initiatives, create innovative training for graduate staff and student staff, manage budgets, and utilize technology. In addition to these job responsibilities, these professionals also seek ways to balance personal and work commitments (Henning et al., 2011).

Although housing and residence life is considered the gateway into the profession, staffing issues such as policies regarding quality of life, expectations that staff live in the communities in which they work, and the feminization of the profession has produced a shortage of entry level residence life professionals (Belch & Mueller, 2003). Belch and Mueller (2003)

further maintain, “the profession has ignored changing societal attitudes about work, working conditions, and compensation, and finds it activities unattractive to so many young people,” (p. 30). Research by Kearney (1993) as reported by Belch and Mueller (2005) further posited, “Young professionals today are not as willing or interested in taking live-in positions with long hours, lack of privacy, and relatively low pay for a person with an advanced degree,” (p. 30). Faculty further maintain that graduate students are turned off from working in housing because there are more assistantships available to them in other functional areas besides residential life, students want a different quality of life, and students report feelings of burnout after working in residential life (Belch & Mueller, 2003).

Occupational stress is becoming more prevalent among university staff (Gillespie, Walsh, Winefield, Dua, & Stough, 2001) and higher education administration positions are among the top 12 most stressful occupations (Gregory 2005). Gregory further contended that managers in student services report increased levels of occupational stress than other staff. Work place stressors can have detrimental effects on professionals physically and emotionally, and will affect their engagement at work (Gregory, 2005). In addition, workplace stressors can lead to poor decision making skills and can cause one to leave higher education. Some environmental factors that lead to this are taxing work schedules, role conflict, and work overload (Daly & Dee, 2006), which can lead to burnout.

Most North American cities function around standard work schedules and work hours (Monday-Friday, 9:00a-5:00p). However, such is not the case for student affairs professionals employed by colleges and universities. Beyond working standard work hours (i.e. 9:00a-5:00p) many student affairs professionals, especially residence life professionals work non-standard work schedules. Non-standard work schedules are defined as, “those being outside the typical

Monday-Friday daytime work, (Wittmer & Martin, 2010, p. 609). Nonstandard work hours are pervasive in the service professions. Nonstandard work is correlated with negative employee perceptions that lead to lower satisfaction (Furnham & Hughes, 2010), intent to quit (Demerouti et al., 2004), psychological distress (Sheilds, 2002), and increased occupational stress (Jamal & Badawi, 1995). In addition to daytime work functions, professionals are charged to attend student programs and meetings, which often happen in the evening. Moreover, many student crises fall outside of the hours of a typical workday.

In organizations, roles are a set of expectations associated with a specific position. One of the most common demands especially with respect to group-based organizations is role conflict (Angulo & Osca, 2012). Role conflict is characterized by “the degrees of incongruity or incompatibility of expectations communicated to a particular role incumbent by his or her role sender,” (Daly & Dee, 2006, p. 784). Role conflict adds to anxiety and existing job related stressors; it also causes professionals to feel less confident, creates thoughts of turnover, and causes one to feel dissatisfied at work (Daly & Dee, 2006). Another contributing factor to occupational stress is work overload. Work overload has been associated with lower levels of professional well-being along with decreased quality of care (Rauhala, Kivimaki, Fagerstrom, Elovainio, Virtanen, Vahtera, Rainio, Ojaniemi, & Kinnunen, 2006). Workload that requires high levels of energy lead to psychological reactions that can decrease wellbeing (Illes, Schwin, Wagner & Johnson, 2007).

## **Theoretical Background**

### **Burnout**

Burnout, particularly among the helping professions has been a prevalent concern for many years; it is an issue experienced by practitioners grounded in occupational experiences,

rather than emerging from scholarly theory (Maslach & Goldberg, 1991). Helping professions are typically occupations that assist others in solving life's problems. Examples include nursing, social work, counseling, and teaching (Papovic, 2009; Garland, 2010). However, student affairs professionals, particularly those in residence life, assist in solving personal, academic, and other student concerns, as residence life professionals focus on improving the experiences of others (Skovolt, Grier, & Hanson, 2001).

Burnout is a psychological condition that is a result of work related frustrations that manifest in decreased morale and productivity. It is not uncommon in the helping professions, as persons who experience burnout are overwhelmed by the needs of people who come to them for assistance; burnout is typically tied to work that warrants emotional investment and demand, as burnout is a result of occupational stress (Justice, Gold, Klien, 1981; Oser, Biebel, Pullen, Harp, 2013). The seriousness of burnout is paramount: burnout leads to poor job performance, turnover, negative health outcomes, family problems, and other types of social and personal dysfunction (Maslach & Florian, 1998). Burnout is a chronic response to ongoing occupational stressors characterized by a) emotional exhaustion, b) depersonalization, and c) reduced personal accomplishment (Maslach & Goldberg, 1991).

The *emotional exhaustion* component of burnout manifests when professionals are overextended at work and do not have the emotional resources to complete work related tasks; it is usually a result of prolonged exposure to emotionally demanding work situations. Work overload is a prominent stressor that leads to emotional exhaustion. Professionals often feel used up and are not able to replenish resources needed for work for the next day. This dimension of burnout encompasses occupational stress at work (Maslach & Goldberg, 1991). Feelings of anxiety and frustration generally accompany emotional exhaustion. (Wittmer & Martin, 2010).



The *depersonalization* component of burnout refers to the cold, apathetic, and detached response to other people. This response first emerges as a protective factor, but can spurn into dehumanization of others. The *reduced personal accomplishment* component of burnout denotes the decrease in productivity at work. This can lead to the inability to cope with job demands and depression. This can cause professionals to see themselves as a failure (Maslach & Goldberg, 1998). Although burnout is prevalent among the helping professionals, person in any profession can experience burnout. One way to mitigate the detrimental effects of burnout is through positive wellness practices, as wellness promotes health including components relating to stress management, physical health, and connecting with others and the environment (Puig, Baggs, Mixon, Park, Kim, & Lee 2012).

## **Wellness**

Many models of wellness focus on physical health. However, Sweeney and Witmer (1991) viewed wellness from a holistic approach. Alfred Adler, founder of Individual Psychology is credited with positing that holism (the indivisibility of self) and purposiveness were integral to understanding the whole (Ferguson, 2000). Adler contended that people intertwine within a social fabric and make decisions and choices and moves as a whole within the context of others. Long term health involves both the individual and the group and if humans must maintain health and wellness, the well-being of both must be assured (Ferguson, 2000).

**The essential self.** Sweeney and Witmer (1991) believed that individuals are shaped by culture, current events, and history. Individuals are indirectly and directly affected by these events that mold our beliefs and impact behavior. The *essential self* is composed of the following: a) spirituality, b) self-care, c) gender identity, and d) cultural identity (Sweeney & Witmer, 1991; Myers, Sweeney & Witmer, 2000; Myers & Sweeney, 2004). Adler believed that

spirituality, a major life task, conveys a sense of meaning, and research suggests that religious and/or spiritual practices are associated with positive health outcomes (Masters & Hooker, 2013).

As student affairs professionals strive to help others, self-care should not be neglected. Practicing self-care is a preventative measure to burnout. Failure to engage in self-care can lead to emotional distress, exhaustion, burnout, and occupational impairment (Barnett, Baker, Elman, & Schoener, 2007). Gender and culture identity shape how life experiences are seen and influence how people interact with each other (Myers & Sweeney, 2004).

**Coping self.** The *coping self* is composed of stress management, self-worth, leisure, and realistic beliefs (Myers & Sweeney, 2004). Individuals with high self-esteem also report increased physical and mental health, while persons who report low self-esteem also note issues with depression, physical illness, emotional issues, and personal unhappiness (Sweeney & Witmer, 2002).

**Physical self.** The *physical self* places emphasis on nutrition and exercise. Individuals who engage in physical exercise tend to live longer. Physical health is negatively associated with depression and stress. Physical health serves as a preventative measure and promotes improved health outcomes (Myers et al., 2000). Further, exercise allows the body to respond to and handle stress, as exercise increases blood flow to the brain and affects mood (Akande, Wyk, & Osaige, 2000).

**Social self.** Adler maintained that individuals thrive when they can be connected to others. Friendship and love encompass the social self. People who are satisfied in their personal relationships are more likely to engage in preventative behaviors (i.e. wearing seatbelts when driving, less likely to smoke and drink) (Myers et al., 2000). Social interactions can enhance or

thwart health; positive relations and relationships with people produce positive feelings (Kelly, 2013).

**Creative self.** Self-actualizing individuals, as described by Maslow, are noted for their authenticity and sensitivity to others (Sweeney & Witmer, 1991). Components of the *creative self* are: positive humor, work, thinking, emotions, and control. Humor can dispel negative emotions that can accompany negative thoughts. Additionally, laughter is associated with positive health outcomes (Martin, 2001). According to Myers and Sweeney (2004), work is essential to the human experience and allows individuals to live life. The current job market calls for professionals to be innovative and creative in their work; creativity is also linked to positive work outcomes (Gong, Huang, & Farh, 2009). Professionals who are more well also may be more likely to provide assistance especially as they give assistance to students, colleagues, parents, and other university stakeholders. Although some of the assistance provided may fall under job descriptions and expectations, extra help may be rendered to assist persons in need.

### **Altruism**

Humans spend time helping others; whether help is donating to a charity, working to save an animal in danger or comforting others, others help. Help is offered for different reasons. At times there is no choice. At other times, offering help is expected; sometimes helping to others is rendered because the favor may be reciprocated. However, scholars have wondered if it is possible to move above self-interest to help out of genuine concern for another. This behavior is called altruism (Batson & Shaw, 1991). Altruism means to “promote the interests of others,” (Scott & Seglow, 2007, p. 1). Altruistic behaviors involve taking the interests of others and placing those interests upon self. Altruism has been studied from a number of schools of thought; each discipline has contributed to the understanding of this concept (Scott & Seglow, 2007).

**Biological theories of altruism.** Altruism was first studied and has been extensively through a biological lens. Early biological theories of altruism posited survival of species because its members were acting in altruistic ways to ensure the survival of their genes and species. There are many examples of altruism and behaviors in the animal kingdom; however, this concept is harder to explain with humans. However, altruistic behavior can develop in random groups as explained through acts of heroism self-sacrifice that occur after human tragedy and/or natural disaster (Haigh, 2009).

**Social Learning Theory and altruism.** Social learning theory has also been used to explain altruistic behaviors. Examining altruism through a social learning theory lens emphasized that altruistic helping is learned when the appropriate conditions are present. In this way, altruistic behavior is learned through observations of others and modeling (Sharabany & Bar-Tal, 1981). As children grow and develop, they are given more opportunities to engage in helping and prosocial behaviors (McMahon, Wernsman, & Parnes, 2006).

**Cognitive Theory and altruism.** Altruism from a cognitive learning theory perspective maintained that altruistic behaviors develop as people develop. Although children can be taught to help at an early age for a variety of reasons, true altruistic motivation and behavior that completely focuses on another's welfare that does not focus on the benefit of rewards, but stems as a result in moral conviction is altruistic. People move from having selfish, hedonistic feelings to having feelings of morality and empathy. This is an age developing characteristic as intentions to help change with age; as children grow, they have the ability to adopt and practice prosocial behaviors (Sharabany & Bar-Tal, 1981).

### **Study Rationale**

The study examined how altruism at work as carried out through organizational citizenship behaviors affect engagement at work and its impact on overall wellness for entry level residence life professionals. This research added to the existing body of research about occupational stress that is valuable to entry-level, midlevel, and senior level residence life professionals. This study also served as a starting point for continued research about engagement at work and overall health. The researcher is currently an entry level housing professional employed by Louisiana State University and A and M College, Baton Rouge campus.

### **Statement of the Problem**

Based on the literature cited above, occupational burnout and wellness is a concern for entry level residence life professionals; in addition, there is very little research dedicated to housing professionals with respect to occupational burnout and wellness in existing literature. Job related stressors such as work overload, role confusion, and work schedules lead to occupational burnout and impairment among professions which negatively impact how professionals are able to assist others and provide optimal service and care to students, parents, colleagues, and other university stakeholders (Illes, Schwin, & Johnson, 2007; Angulo & Osca, 2012). Professionals who are burned out may also be less likely to engage in wellness behaviors (Thomas, Britt, Odle-Dusseau, & Bliese, 2011).

The investigation had three parts. The first involved determining the altruistic behavior of entry-level residence life professionals. The second component was determining occupational burnout; the final component was determining the wellness of entry level residence life professionals. The researcher proposed that persons who experience chronic stress and burnout have poor self-care and wellness strategies.

## **Research Questions**

Research Question One: Is there a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live in and live on level Residence Life professional staff?

Research Question Two: Is there a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level live in and live on Residence Life professional staff?

Research Question Three: Is there a statistically significant relationship between emotional exhaustion as measured by scale score on the Emotional Exhaustion subscale of the Maslach Burnout Inventory overall wellness as measured by the composite score on the Five Factor Wellness Inventory for entry level live in and live on Residence Life professional staff?

Research Question Four: Is there a statistically significant relationship between emotional exhaustion as measured by scale scores on the Emotional Exhaustion subscale of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale score on the Five Factor Wellness Inventory for entry level live in and live on Residence Life professional staff?

Research Question Five: Is there a statistically significant relationship between social wellness as measured by the Social Self Subscale of the Five Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the

Maslach Burnout Inventory for entry level, live in and live on Residence Life professional staff?

### **Important Definitions**

*Wellness*—As defined by Myers, Sweeney, and Witmer (2000) is “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human natural community,” (Myers, Sweeney, & Witmer, 2000, p. 252).

*Occupational Stress*—As defined by Thomas, Matherne, Culboltz, and Doyle (2012) occurs “when the interaction of the work conditions with the characteristics of the worker exceed the resources of that person to meet those demands,” (p. 38). These are physical, mental and emotional stressors that occur in the work place that prohibit one from being effective at work (Spector, 2002).

*Emotional Exhaustion*—Characterized by Maslach, Jackson, & Leiter (2011) as “emotional resources are depleted, workers feel they are no longer able to give of themselves at the psychological level,” (Maslach et al. 2011, p. 4).

*Burnout*—The researcher will draw from Freudenberger’s (1974) definition as stated by Gregory (2005)—“the state of fatigue and frustration arising from unrealistic, excessive demands on personal resources and leading to physical and mental exhaustion,” (Gregory, 2005, p. 111). This can cause one to leave the field or to put minimal efforts at work for the sake of having employment.

*Altruism*— The researcher will draw from the definition by Eisenberg, Guthrie, Murphy, Shepard, Cumberland, and Carlo (1999)—“voluntary” behavior intended to benefit another—that is, behavior motivated by concern for others (sympathy) or by internalized values, goals, and

rewards rather than by the expectation of concrete or social rewards, or the desire to avoid punishment or sanctions,” (p 1360).

*Organizational citizenship behavior*—According to Van Emmerick, Jawahar, & Stone, (2005) this is defined as “the individual contributions in the workplace that go beyond role requirements and contractually rewarded job achievements,” (pg. 94).

## **Methods**

### **Participants**

The sample that was used for this study are entry level live in or live on residence life professionals employed at predominately white colleges and institutions in the southeastern part of the United States. Participants were recruited from the SEAHO (Southeastern Association of Housing Officers) database. After IRB approval, demographic data was collected followed by the instrumentation of appropriate surveys.

### **Instrumentation**

The instruments that were used were: 1) Self Report Altruism Scale (Rushton, Chrisjohn, Fekken, 1981) 2) the Five Factor Wellness Inventory also noted as the 5 Factor Wel, (Myers, Sweeney, & Witmer, 2005), and 3) Maslach Burnout Inventory-Human Services Survey (Maslach, Jackson, Leiter, 2010). A description of each instrument follows.

The Self Report Altruism Scale (SRA) is a self-reported measure with 20 items (Rushton, Chrisjohn, & Fekken, 1981) intended to measure the altruistic personality. Participants rated how often they behaved altruistically by answering ‘Never,’ ‘Once,’ ‘More than Once,’ ‘Often,’ and ‘Very Often’ to the statements (Rushton et al., 1981). The researcher received permission from the authors to use the instruments to use and was also given permission to adjust wording as necessary with permission from the authors (personal communication, 2013).



The Five Factor Wellness Inventory (5F-Wel) (Myers et al., 2005) is a self-reporting instrument with 91 statement items; this instrument also includes 7 demographic questions. This instrument also included an overall factor of overall global wellness, and five second order factors. The five second order factors are interconnected are parts of the whole. These factors are: 1) Essential Self, 2) Creative Self, 3) Coping Self, 4) Social Self, and 5) Physical Self. Table 1.1 also notes a breakdown of the third order factors within each second order (Myers & Sweeney, 2005). This instrument produced a composite score along with scores for each of the subscales.

Table 1.1 Five Factor Wellness Second and Third Order Factors

Essential Self Subscale	Composed of questions that target: gender identity, culture identity, spirituality, and self-care
Creative Self Subscale	Composed of questions that target: positive humor, work, emotions, control, and thinking
Coping Self Subscale	Composed of questions that target: leisure activities, realistic beliefs, managing stress, and self-worth
Social Self Subscale	Composed of questions that target: love and friendship
Physical Self Subscale	Composed of questions that target: nutrition and exercise

The Maslach Burnout Inventory (MBI-HSS) (Maslach et al., 2010) was used to measure burnout (Maslach, Jackson, and Leither, 2010). This self-reported measure examined the relationship that professionals have with their work. There are three subscales of the MBI-HSS: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The Emotional Exhaustion (EE) assesses feelings of being emotionally drained as a result of work. The

Depersonalization (Dp) subscale refers to apathy with respect to service, care, and instructions at work. The Personal Accomplishment (PA) subscale refers to feelings of progress, mattering, and achievement with work. Professionals experiencing burnout had high scores on the Emotional Exhaustion and Depersonalization subscales, along with low scores on the Personal Accomplishment subscale. Average scores on all three subscales noted an average degree of burnout. A low degree of burnout was reflected by a high score on the Personal Accomplishment subscale along with low scores on the Depersonalization and Emotional Exhaustion subscale (Maslach, Jackson, Leiter, 2010). The subscales of the Maslach Burnout Inventory are noted below in Table 1.2.

Table 1.2 Subscales of the Maslach Burnout Inventory, HSS

Exhaustion (Ex)	Composed of nine questions that examine feelings of being emotionally drained as a result of work
Depersonalization (Dp)	Composed of five questions that describe unfeeling and apathy towards care, service, and instruction provided
Personal Accomplishment (PA)	Composed of eight questions that describe positive feelings of progress and competence with respect to work tasks.

### **Procedures**

The researcher worked to get a participant list through the SEAHQ (Southeastern Association for Housing Officers) database and will come from the south eastern part of the United States as defined by SEAHQ (2013): 1) Alabama, 2) Florida, 3) Georgia, 4) Kentucky, 5) Louisiana, 6) Mississippi, 7) North Carolina, 8) South Carolina, 9) Tennessee, and 10) Virginia.

Participants were informed about data collection procedures and electronically completed informed consent. The researcher purchased all tests (with the exception of the Self Report Altruism Scale) through Mind Garden ([www.mindgarden.com](http://www.mindgarden.com)) and Mind Garden bound all tests including demographic information and informed consent into one survey link. Once the participants completed the surveys, MindGarden organized the data and the researcher exported the file into Microsoft Excel and downloaded the file into the Statistical Package for Social Science (SPSS, 2013), version 17.0.

### **Analysis**

The primary statistical analysis used to answer the research questions was multiple regression analysis. This flexible and powerful statistical technique is used to explain the values of one variable by using values of another variable. Multiple regression is used to explain relationships and it can also explain how accurately the independent variable predicts the dependent variable. Multiple regression analysis notes if relationships between the dependent and independent variable are statistically significant (Allen, 1997).

### **Potential Limitations**

One of the limitations is the population used. Participants were derived from entry level professionals who live in the Southeastern part of the United States who are affiliated with SEAHQ. In addition, the sample was composed of professionals that work at four-year predominately white colleges and institutions, as results may not be generalizable to entry level housing professionals that work at historically black colleges and universities or two year colleges or states outside of the SEAHQ region.

Another potential limitation is the use of self-report measures. Although the results were confidential, some participants may have rated their professional experience more positively than

what is actually experienced. This is not intentional, but is used as a response mechanism to perceived expectation and social stigma (Trochim & Donnelly, 2008). For example, some professionals may feel compelled to describe their experience in positive terms because of the reputable nature of the school/department.

The last potential limitation was time it takes to complete the instruments. There were three self-reported measures being used; there are a total of 133 items that participants were asked to respond to. To thwart this, the researcher provided three Visa gift cards with \$25.00 and randomly selected three names from the participants who fully complete the survey to each receive a gift card.

### **Conclusion**

Occupational burnout has been well researched, although little has been documented in student affairs, particularly with respect to residence life professionals. One way to mitigate burnout is through wellness. With concerns about people wanting to enter student affairs, particularly residence life, it is imperative to understand and employ personal wellness strategies upon entering the profession. While it is plausible that significant relationships exist with respects to burnout dimensions, wellness, and altruism, the next step was to determine if a statistical relationship exists, the strength of the relationship (effect size), and the impact of burnout factors on wellness outcomes and altruism.

### **Chapter Summary**

This chapter served as an introduction to the concepts being studied (occupational burnout, wellness, and altruism). The research design has been explained along with ethical considerations and potential limitations of the study. The need to explore the relationships

between the concepts is important because there is little in the literature that examines occupational burnout, wellness, and altruism.

## **CHAPTER 2: REVIEW OF PERTINENT LITERATURE**

### **Residence Life Professional Vignette**

Currently Lydia oversees a university residential community of over 500 young adults. Each morning when Lydia enters her office, she makes a list of all she needs to accomplish that day and looks at her calendar to see what is on her schedule. She generally has a full schedule of individual student meetings, staff meetings, and meetings with her graduate assistant in addition to following up with correspondence from parents, students, coworkers, and other colleagues. The day looks pretty smooth and simple upon first glance.

Lydia steps into her office and is expecting her Resident Assistant (RA), Justin, but is told a student wants to see her. Lydia has a few extra minutes so the student is ushered in. Lydia introduces herself and offers the student a smile. The student introduces herself as Katie and then she begins crying—she talks about the difficulties she is having making friends and that this is her first semester in college and away from home. She talks about her childhood—how cancer robbed her of her hair, and in her opinion, her beauty. She feels different, she feels like she has had a late start being a college student. She is afraid the cancer is coming comeback. Lydia sits and listens. After Katie finishes, Lydia offers a Kleenex and allows Katie to compose herself. Lydia steps out of her office and tells her RA that they must reschedule their meeting, but will meet him after work if he is available. Katie and Lydia talk through each issue. Lydia offers ways to get involved and other campus resources to assist Katie in her matriculation though the collegiate experience. Lydia then makes a mental note to talk to Katie's RA and personally check on Katie from time to time.

Katie leaves and Lydia is still thinking about the conversation. However, Ms. Janice, the Custodial Supervisor comes in and wants to talk about issues in the residential complex—students are throwing trash bags outside of their apartments on the ground floor for the

custodians to pick up instead of taking it to the dumpster; in addition one of the custodians found a pet snake and wants to know if Lydia will follow up on the issue because she is deathly afraid of snakes. Lydia smiles and offers a respectful, “Yes ma’am,” and heads to the apartment. There is a foot long baby python sitting in a cage in addition to the two pet mice in another cage. Lydia shakes her head. No residents are in the apartment. As Lydia is walking back to her office to write a report, she sees a student rush into a room with her dog, creating yet another pet violation. Lydia immediately heads her way and handles the issue. Lydia gets back to her office, writes up the appropriate reports for the students with pets, and prepares an e-mail to be sent to the residents about trash disposal and makes a mental note to put these concerns on the next staff meeting agenda. Lydia looks up. It is 1:15p. Not only has she missed lunch, but she is late for a meeting. She e-mails the organizer to let him know she is on the way. Thankfully, he understands.

Lydia has meeting after meeting, after meeting. Lydia sits and takes notes. Lydia offers comments when and where appropriate. Lydia creates another list of things to do—an extension of yesterday’s list and today’s list. Lydia then pulls a snack out, as missing lunch happens more often than not. When Lydia gets back to her office, it is 4:45p.m. There are 30 new e-mails, in addition to the ones that she did not get a chance to respond to that morning. Justin sees Lydia as she walks into her office. He follows her, and tells her that he found out his girlfriend has been experimenting with drugs and is cheating on him. The pain is evident in his face. Lydia closes the door and they start talking. Lydia looks at her clock and her stomach reminds her that it is dinnertime. There is a staff program at 6:00 p.m. and staff meeting at 9:30 p.m.

The above vignette represents a typical day in Residence Life. Most days are filled with solving student and staff concerns, along with juggling community needs. In addition, Residence

Life professionals have work related duties outside of their communities and may have to travel outside of their community to meet with other colleagues and staff within their department.

Residence Life professionals also have meetings and programs that fall outside of a typical work day. The culmination of these things coupled with inadequate rest and neglecting diet may cause professionals to put their own personal and professional needs on the backburner and could result in elevated stress levels and occupational burnout.

### **Introduction**

Emotional health and stress management are critical to the well-being of student affairs professionals. Specifically, emotional health is positively correlated with lower levels of occupational stress. Additionally, emotional health allows one to be more flexible, serves as a coping mechanism, and promotes conflict resolution (Hjelm, 2010; Bhullar, Schutte, & Malouff, 2012). More recently, there has been more attention given to occupational stress, as it is a significant source of stress (Thomas, Matherne, Bulbaltz, Jr., Doyle, 2012; Saksvik & Hetland, 2011; Tylerleigh, Webb, Cooper, and Ricketts, 2005). Research on university staff show that occupational stress among professionals is increasing (Gillespie, Walsh, Winefield, Dua & Stough, 2001). Gregory (2005) also reported studies that identified groups most susceptible to occupational stress in student affairs were “women, introverts, and young professionals,” (Gregory, 2005, p. 111).

### **Literature Review**

Student affairs professionals are charged with being innovative in the development of new knowledge communities, services, and programs to pique students’ interests, as well as aid in the development and matriculation of students through their educational journey. Student affairs professionals are also charged with being more efficient and effective with fewer



resources. This can cause high levels of stress, and when stress is left ignored, it may result in a lack of productivity (Gillespie, Walsh, Winefield, Dua, & Stough, 2001; Rosser & Javinar, 2003). Professionals in student affairs often assume many roles and responsibilities, and while work demands are high, it is important to be cognizant of work related stressors that arise in order to maintain a healthy state of wellness (Gregory, 2005).

### **History of Helping Professions**

Webster's definition of a profession is, "a calling requiring specialized knowledge and often long and intensive academic preparation; a principle calling, vocation, or employment; or the whole body of persons engaged in a calling, ([www.merriam-webster.com](http://www.merriam-webster.com)). The term profession has a unique history and comes from the Latin word, "*Profiteri*." Its usage emerged in the 13<sup>th</sup> century by priests to denote obedience to the Christian faith. In the 14<sup>th</sup> century the term was also applied to knights as they pledged a life of faith, chivalry, and ethical standards. At the start of the 18<sup>th</sup> century, four occupations were seen as professions: military, law, medicine, and clergy (Bowers, 1952). The core of being a professional at that time was dedication to service for mankind; professionals were called to live a life of servitude, and were called to be committed to help humanity. As diverse occupations were deemed "professions" the definition evolved to mean "an organized calling in which a formal body of knowledge is, through a developed and communicable skill, applied as an art to some aspect of human life," (Bowers, 1952, p. 58). Today, individuals in the helping professions create and provide opportunities for clients to explore and learn about themselves and their surroundings (Spicuzza & DeVoe, 1982).

Helping professionals assist others in solving the problems of life. Many work with people who are distressed or have experienced traumatic events; they also work with vulnerable populations such as children, mentally disabled, and the elderly (Papovic, 2009). Helping

professionals are required to be effective listeners, emotionally available, flexible, empathetic, caring, and need to have the skills to work with people of diverse cultures in varied developmental stages. Other skills include problem solving and making difficult decisions. Some of these difficult decisions may create conflict or tension in the working relationship between professionals and students, which could potentially affect a working relationship (Spicuzza & DeVoe, 1982).

The helping professions include education, nursing, counseling, social work, yoga instruction, law enforcement, firefighting, and more (Papovic, 2009; Garland, 2010). Higher education student affairs workers are helping professionals as well, as many student affairs professionals assist in solving personal and academic concerns, enforce difficult decisions that impact students and staff, and must utilize effective communication skills and have an ethic of care about their work. Like many other helping professions, higher education is a “high touch” (Skovholt, Grier, & Hanson, 2001, p. 168) profession, as persons in the field place a high priority on improving the experiences and lives of others (Skovholt, Grier, & Hanson, 2001). Although not widely known for being a helping profession, higher education is cited as one of the top 15 most stressful professions.

### **The Student Affairs Profession**

Since the emergence of U. S. colleges and universities, there have always been persons who have worked as helpers. In the early years of higher education, those helpers were university professors, many of whom lived in residential spaces and provided direction and supervision to students in addition to teaching. This was called *in loco parentis* as faculty assumed a parental role with students in addition to teaching (Reynolds, 2009). Faculty members dealt with a host of issues with respect to students and counseling and supervised them. However, faculty interests

were with tenure and promotion, which largely dealt with research and publishing, and not supervising the affairs of college students (Brubacher & Rudy, 2008). As the student body diversified to include women and minorities, along with the emergence of organized athletic programs and Greek Life, there became a greater need for professionals to assist with students' development and concerns outside of the academic classroom.

The concern for the “whole student” is a tenant of American higher education, as most other countries regarded college students as responsible adults and focused on academics. In the early twentieth century, the personnel movement arose as it was not feasible for faculty to assume both roles. There was a need for staff members who would solely devote their time to student development as colleges flourished with the diverse student body and programs. Many students viewed their social and vocational needs more important than intellect. This was further reflected in Dr. Henry Chaundy's research; in 1964 he studied 13,000 first time freshmen and they indicated that extra curricular activities, social life, and friendships accounted for 50% of their interest in colleges. Additionally, 18% of the freshmen noted intellect as their primary goal for entering college and 26% noted vocational interest as their primary goals while in college (Brubacher & Rudy, 2008).

Soon colleges began to look at students holistically—“the college must assume responsibility for the student's total personality development—physical, social, and emotional as well as intellectual. It should recognize what happens outside the classroom—living conditions, study habits, emotional problems—might vitally influence classroom performance. It should seek a new understanding of the motives back of undesirable conduct,” (Brubacher & Rudy, 2008, p. 333). Colleges were further charged to provide services that would help students succeed. As student services and extra curricular activities expanded, some universities

appointed persons to oversee the services. In 1879, Professor Ephriam Gurney, professor at Harvard University was appointed as “dean,” (Brubacher & Rudy, 2008, p. 335). Although he served primarily as an academic dean, in addition to teaching, he was oversaw student discipline, removing the responsibility from the President’s shoulders. In 1890 at Harvard University, a Board of Freshmen Advisors was established and the deanship was split—there was an academic dean and dean of student affairs, and LeBaron Russell Briggs became Harvard dean in 1890 and assumed roles of the student affairs dean (Brubacher & Rudy, 2008).

Columbia University Teachers College has been credited with the first formal student affairs program. Since then, others have emerged and there are over eighty programs that offer master and doctoral level degrees. As student affairs began to emerge as training programs in college and university missions, several things were missing—such as standards for the development of programs, evaluations, and accreditation. In 1979, several professional associations met and created the Council for the Advancement of Standards in Higher Education (Nuss, 2003). The CAS Standards were able to lend credibility to the field of student affairs, while developing and promoting positive citizenship, and maintaining student engagement. CAS Standards are applicable to more than thirty functional areas in student affairs (CAS, 2013). Since its emergence and development, each student who enters a student affairs program learns about the CAS standards and how to implement them in their work. These standards have established credibility and consistency to the field of student affairs.

### **The Role of Student Affairs Professionals**

Many people entered student affairs because they want to “help students,” (Tuab & McEwen, 2006). Professionals working in student affairs have diverse educational backgrounds; because of this, student affairs is deemed as a “hidden” profession, (Tuab & McEwen, 2006).

Many student affairs professional see themselves as educators, although their curriculum is not taught in a classroom or online. They educate students by providing out of class opportunities for growth and development and they assist with the emotional demands of being a student. As student affairs professionals advance their careers, they spend less and less time with students; many transition from helping students to helping staff; however, they must still possess helping skills as they indirectly affect students (Reynolds, 2009; Winston, 2003).

There are hazards to being a helping professional. Personnel who specifically work in student services are affected by occupational stress (Gregory, 2005). Stress is an occupational risk that can lead to emotional exhaustion and burnout.

### **Risks of Helping Professions**

Garland (2010) noted that helping professionals are expected to “give selflessly,” in addition to “carrying out one’s duty no matter what the cost,” (Garland, 2010, p. 91). However, there is a cost, as student affairs professionals may fail to exercise adequate self-care. Giving all does not improve professional skills, but rather can lead to exhaustion. Many professionals are charged to “go above and beyond” in their service to others; however, when professionals give limitlessly of their time and energy, they may be left feeling depleted of energy or time for themselves (Garland, 2010). Similar to counselors, student affairs professionals go through a cycle known as the *caring cycle*. This cycle involves continuous, appropriate and healthy attachments. Such attachments include assisting students in crises, some of which may be embarrassing and upsetting (i.e. assisting a student when he/she is inebriated, working to seek medical attention for incidents/accidents students may experience, and working with students to educate them about sexual health and protection), but must be solved in order to assist students. Assisting students with difficult situations as they develop can raise mixed emotions and student

affairs professionals must handle these with maturity, care, and sensitivity in order to provide effective service (Maslach & Goldberg, 1991). Other activities include supervising, advising, and overseeing students and programs. The *caring cycle* ends with felt separations that include discontinuing support services when a student is no longer in crisis, has graduated, or there are changes in responsibilities of the professional, etc. This one way cycle, if not managed effectively, can be a constant strain. One manner of managing the cycle, and a tenant of being a successful helper, is to balance self-care and recognize personal needs (Skovholt, Grier, Hanson, 2001).

### **Contemporary Stressors**

Many professionals stress themselves to the point that their well-being and health is compromised. As a result many professionals have less time to do leisure activities and take care of self. In addition to inadequate self-care, Kleiner and Pavalko (2010) report that many Americans work irregular work hours and due to work schedules and are prone to stress. (Kleiner & Pavalko, 2010). As a result of work schedules and stressors, professionals may tend to leave their positions or the field of Higher Education.

### **Work Schedules**

Work schedules are influenced by *workplace flexibility*. Workplace flexibility, as cited by Grzywacz, Carlon and Shulkin (2008) from Hill et al., (2008) is “the ability of workers to make choices influencing when, where, and for how long they engage in work related tasks,” (Grzywacz, et al., 2008, p. 2000). Workplace flexibility also relates to the physical location where employees work. Although some employees have a physical office, work is also achieved via ‘remote work’ and ‘telecommuting,’ (Grzywacz, Carlson & Shulkin, 2008). Work schedule flexibility is molded by formally by flextime and a compressed work week. Informal

management practices may vary upon organization, but allow employees to control their schedules. Organizations do not have to practice formal work schedule flexibility, as ineffective work strategies may be detrimental to employees (Grzywacz et al., 2008).

According to Witmer and Martin (2010) non-standard work hours can lead to negative attitudes at work, lower job satisfaction, and decreased organizational commitment. Moreover, non-standard work hours can also increase turnover rates. It is estimated that at least 36% of all employees are required to work at least some weekend days. Weekend work is negatively correlated with free time to engage with family or other personal activities and lends to occupational stress (Witmer & Martin, 2010). Scheduled flexibility, whether through informal or formal strategies, can allow personnel to balance personal needs with exhausting work demands (Gryzwacz et al., 2008).

Moen, Kelly, Tranby, and Huang (2011) researched a corporate initiative, Results Only Work Environment (ROWE), to determine if it improved employee well-being and healthy behaviors of employees. Using an experimental design, a sample of 325 persons participated in ROWE, while 334 maintained their formal work schedule. Each group took a pre and post-test. The sample size was predominately white, and 84 % of respondents had a college degree. Of the sample, 41% worked more than 50 hours per week and 48.4% were women. The average age of respondents was 32 (Moen et al., 2011).

The pre and post-test questions included scheduling control using a 1-5 subscale, with 1 being low control and 5 being high control. The tests also asked a variety of questions regarding health behaviors, and questions asking about employee well-being. A structural equation model was used to estimate the effects of ROWE on employee health and wellbeing (Moen et al., 2011). Moen et al. (2011) concluded that participating in ROWE increased amount of sleep

before the work day by 20 minutes and amount of sleep each night by 30 minutes. ROWE also positively affected health management as it decreased feelings of obligation to work while sick. ROWE also had an indirect impact on wellness as it increased participants' ability to balance home and work needs along with their sense of schedule control (Moen et al., 2011).

Beyond Moen et al. (2011) findings, more than 40 % of Americans work atypical work schedules. Persons working in student affairs, particularly residence life and student activities tend to extend work past 5:00p, which is a non-standard schedule. Non-standard schedules may be defined as work hours outside of a typical Monday through Friday 8:00 a.m.-5:00 p.m. schedule. Many student affairs professionals host programs for students that are in the evening; some professionals may even take students off campus on overnight retreats. Even professionals who do not work directly with students often attend week long conferences or may have meetings past 5:00 p.m. Because of this, student affairs professionals may have less time to focus on things that promote emotional health and wellness such as preparing nutritious meals, spending time with family and friends, and other leisure activities (Kleiner & Pavalko, 2010).

Student affairs professionals have varying work schedules and adopting a new schedule may have a negative impact on health if the professional has little control over work schedules in addition to non-standard work hours. There are many professionals that serve in an on-call capacity. On-call work provides consistent service 24 hours a day. Some examples are doctors, midwives, reporters, etc. For persons working on-call, there may be restrictions to leisure activities and availability. There is the possibility that serving on-call means having extra work and less time to engage in other activities. Serving on-call can also decrease amounts of sleep, increase stress levels, and decrease mental health well-being (Bamberg, Dettmers, Funck, Krahe, & Vahle-Hinz, 2012).



Bamberg and colleagues (2012) conducted a study about the effects of on-call work on health. Men who worked in the Information Technology Service Organization were utilized in the sample; one woman was included in the sample. Of the sample, 71% were between 30 and 49 years old. In addition, 19% lived alone, 81% lived with a spouse or partner, 45% had children, and 81% had been at the company for at least two years. Employees were expected to serve on-call for one week after work in addition to their standard work schedule. Several staff members served on-call each week, and employees had 90 minutes to respond to an issue (Bamberg et al., 2012).

For the first part of the study, the participants took a medical exam and had to give a cortisol sample to ensure that only physically healthy people were participating. The participants were also trained in how to use a cortisol salivette. The second part of the study consisted of a daily survey; participants took a survey from Wednesday until Sunday of an on-call week, as well as Wednesday-Sunday of a standard work week. Prior to completing the study each night, they had to take a salivary cortisol sample and take them to the company's medical team the following morning (Bamberg et al., 2012).

The researchers assessed the following scales and items: negative mood, activation, irritation, sleep qualities, activities, worry, appraisal of being on call, anxiety, amount, duration, and work demand, and perceived restrictions. The results showed that 97% of the sample viewed on-call coverage as critical and important while 36 % reported that serving on-call was a major stressor in their lives, and 84% felt they could not engage in leisure activities because they may be called to respond to an incident. Results further showed that although being on-call was a predictor of irritation, receiving calls did not increase irritation in employees. When employees were on-call, they tended to engage in more work related activities, than those not serving on

call. On-call work also had no effect on quality of sleep (Bamberg et al., 2012). Although the sample size was relatively small (31), this study is still important, as few studies have been conducted about on-call work and well-being.

Most, if not all, entry level professionals in residence life work day time hours, but also must serve on-call at night to assist with students in crises; one cannot opt out of on-call responsibilities. Like other helping professionals, residence life professionals are on call 24 hours a day, 5 days a week, 52 weeks per year to assist in crises. Crises may vary in nature; they can range from talking to a student who is having a difficult time adjusting to the university, to dealing with a flooded building, to going to the hospital with a student who was involved in an accident or who is actively suicidal. Sometimes, multiple incidents things occur in the same evening; on-call situations are typically unpredictable in nature. Because on-all professionals are trained to deal with a variety of tasks, professionals must be ready to respond to a variety of tasks, and they usually must be prepared to give a full report of the evening's events in addition to going to work the following day.

While serving on-call, many helping professions must be able to assist in the crises relatively quickly. Whether the crisis is a new mother in labor or some other traumatic event, usually time is of the essence. The same applies to residence life professionals. Typically, when a student is in crises or when major facility concerns arise, time is important. Some departments even have restrictions on how far one can be away from campus and the amount of time it is expected for professionals to respond to a situation. In addition, there may also be policies regarding on-call conduct for the week a staff member serves on-call (i.e. consumption of non-alcoholic beverages only, not attending certain events).

## **Role Conflict**

Job demands are work stressors that cause professionals to exert continuous mental, physical or emotional energy that can cause negative effects, both physically and psychologically. This continual effort is detrimental and can cause exhaustion. This is especially typical in group based organizations (Angulo & Osca, 2012). Roles are expected behaviors associated with a position in any given organization. *Roles*, as defined by Monesh and Patil (2012), are “a set of expectations and obligations associated with a particular status within a group or socialization,” (p.2). Work interactions are a result of expectations held by other team members and employees’ perceptions of those expectations (Monesh & Patil, 2012).

Conflict occurs when superiors, authorities, or another member of the organization sends inconsistent messages. For example, research by Daly and Dee (2006) suggested that role conflict with faculty occurs when faculty members are expected to perform more public service than expected and institutional research values within academia. Faculty may also have conflicting perceptions of what the institution expects from them (Daly & Dee, 2006). Administrative paperwork is also frustrating for educators, due to the combination of teaching responsibilities, paperwork, and meetings (Hoffman, Palladino, & Barnett, 2007). Similar to faculty, other helping professionals experience these concerns, as student affairs professionals may be expected to help out with extra committees and other special projects, and also may have teaching responsibilities. Many student affairs professionals also experience heavy administrative responsibilities, a multitude of reporting lines, and professional meetings. As reported by Curry and Bickmore (2012), many new professionals in student affairs may have accepted their positions because of their desire to work closely with students, but may become disillusioned by the unexpected administrative nature of their jobs.

Angulo and Osca (2012) conducted a longitudinal study to determine the relationship between role conflict and job satisfaction. The sample was a group of workers from an automotive manufacturing company. Data was gathered from employees who had been working at the company for at least six months; data was also collected a year later. Of the sample, most were men between the age of 27 and 36. All participants took a questionnaire at both data collection periods which asked Likert type questions regarding: a) job satisfaction, b) work overload, c) role conflict, d) task-oriented norm, and e) time tenure. Results showed an explicit negative effect of role conflict on job satisfaction (Angulo & Osca, 2012).

Role conflict also occurs when professionals have multiple reporting lines and must follow the instructions of each superior. Different instructions and direction can cause role conflict, especially when the demands are conflicting. Dasgupta (2012) conducted a study to determine the relationship between role conflict, overload, and ambiguity of nursing with two dimensions of burnout, disengagement and exhaustion of nursing staff that worked in private hospitals. A sample of 144 nurses was used; of the sample half of the staff had been in nursing for 2-3 years and were under 25. The other half of the sample was between the ages of 25 and 32 with a minimum of 4 years of experience but no more than 10 years of experience. The participants used three instruments: Nursing Role Efficacy Scale Questionnaire (Pareek, 2002), Oldenburg's Burnout Inventory, and the Organizational Role Stress Scale Questionnaire (Pareek, 2002), and results positively correlated role conflict and disengagement at work, as well as role conflict and exhaustion at work (Dasgupta, 2012).

Other helping professionals are also at-risk for role conflict. It is believed that clergy are typically satisfied in their jobs due to their "calling" to minister. However, clergy are exposed to role conflict as they have to meet social, financial, and programmatic expectations from

superiors, congregational expectations, and family members while holding firm to their values, beliefs and why they entered the ministry. There is ambiguity regarding the pastoral role. Clergy can struggle meeting these needs which may lead to feeling inadequate as well as underappreciated and overworked for their efforts (Faucett, Corwyn, & Poling, 2013).

Faucett et al. (2013) hypothesized that role ambiguity led to decreased satisfaction with denominational involvement and relationship and support. A sample of 179 clergy in the Arkansas Conference of the United Methodist Church was used. Males made up over 70% of the sample, and over 90% identified as Caucasian. Over half of the ministers were full time pastors, and the average time in the ministry was 3.36 years. Of the sample, 41.9 % had over 300 congregational members. Role ambiguity was measured on a 5-point Likert scale using 6 items created by Rizzo et al. (1970), while role conflict was measured on a 5 point Likert scale using a 7 item scale (Rizzo et al., 1970), and job satisfaction was measured using the Ministerial Job Satisfaction Scale (Glass, 1976). Using a regression analysis to test the hypothesis the researchers found that when role conflict and ambiguity were weighed separately, they negatively correlated with each of the facets of job satisfaction as well as overall job satisfaction (Faucet et al., 2013).

Like nurses and clergy, many student affairs professionals have to meet the expectations of different entities. residence life staff must meet student, parent, student staff, graduate staff, and professional expectations, all of which are different. In addition, many staff may have different reporting lines in addition to wearing multiple hats on the job. It is expected that staff have strong administrative skills, building management skills, supervision skills, interpersonal skills, and helping skills. An entry level professional may report to his/her supervisor, but may chair committees and special projects in which they report to someone else in addition to general

responsibilities. Residence life professionals undergraduate staff as well as graduate assistants may have expectations of their supervisor that they expect met, and lastly professionals may also collaborate and work with other departments in regards to specialized housing (i.e. Greek Life, student athletes, special living learning communities, residential colleges, etc.) and are expected to meet the goals and timelines of another department as well.

## **Workload**

Organized work has a psychological impact on employee well-being, as work is an important aspect of life. Ilies, Schwin, Wagner, and Johnson (2007) noted, “workload reflects the demands placed upon employees in their jobs and thus has often been referred to as a job stressor,” (p. 1370). Work demands that require high doses of energy can lead to psychological load reactions that decrease well-being. This is heightened more when there is not sufficient time for rest and recovery after the task/series of tasks. Ilies et al. (2007) cited research done by Porter, Smith, Strobel, and Zautra (2002) that found the consistent high stress events at work is positively correlated to employee negative affect at the end of the week. Ilies et al. (2007) also cite other studies that show a direct link between negative affect and workload, which suggests a relationship between negative affect and work load over time (Ilies et al., 2007)

Work overload has been correlated with decreased levels of staff well-being (Rauhala, Kivimaki, Fagerstrom, Elovainio, Virtanen, Vahtera, Rainio, Ojaniemi, & Kinnunen, 2007). Work overload also results in increased stress level, negative attitudes, job dissatisfaction, and possibly increased sickness absence. Missing work because of illness negatively impacts productivity and also impacts health insurance. However, some periods of sick leave are voluntary and are not the result of any physical or mental illness. In addition, some employees work irrespective of their illness. Employees decide whether to be absent from work for a variety

of physical, socioeconomic, and psychological reasons; demographics also play a role in this as well. Some demographic factors include: gender, age, educational degree status, and employment grade. Men have less sick absence than women. Typically, professions with lower occupational status are associated with higher rates of sickness. Employee relationships also impact the decision to take sick leave. Insurance and other security measures also influence sickness absence (Rauhala et al., 2007).

Rauhala and his colleagues (2007) sought to examine whether patient-associated work overload with nurses is related to sickness absenteeism; the researchers also sought to quantify potential loss of working days as a result of sick absence related to work overload. A sample was derived from Finnish hospitals from three districts: 31 wards and 877 nurses employees (range 13-54), including Registered Nurses and Practical Nurses. Nurse workload was measured using the RAFAELA patient classification system which consists of the following: 1) patient nursing care intensity measure by the Oulu patient classification system, 2) data on daily personnel resources, and 3) Professional assessment of optimal nursing care intensity (PAONCIL) measure. Every day nurses classify patients they have extended care to; nursing care ranges from 1 point to 4 points. One point indicates small/minimal care while four points indicated continuous/almost continuous care. Points were then added up and nurses could get as few as 6 points or as many 24 points per patient. The sum was intensity points for all patients is calculated, and then the total sum of nursing care intensity points for a ward was divided by the number of nurses who nursed the patients in the ward that day. This was done for nurses for three weeks. After each work shift, nurses rated the extent they were able to meet the needs of the patients. Nurses rated this on a -3 to 3 scale with -3 meaning very low care intensity, and 3

meaning very high caring intensity. Sickness leave for nurses was collected from the district hospital database (Rauhala et al., 2007).

For each nurse, the number of times nurses reported they were sick was computed; in addition binominal regression was used to analyze the data. There was a linear relationship between medically certified sick leave and workload score; the pattern of work overload increased the number of days nurses reported sick. There was also a linear association between short sick leave and workload. The researchers quantified the relationships between sick absence and workload by calculating differences in sick leave between groups. The excess rate of sick days was 12 days per person-year for nurses who worked 30% above the optimum compared with no work overload. The study further depicted that workload exceeding the optimum by 15% or more may increase the risk of sickness among nurses (Rauhala et al., 2007).

Although all measures were self-reported, the authors posited a high likelihood that this study was the first to quantify the association between patient-associated work overload with sickness absence. Much like increasing work load does not necessary positively correlate with effectiveness, fiscal responsibility, and increased productivity for nurses, the same can be applied to student affairs professionals (Rauhala et al., 2007). Particularly, at the beginning of the academic year, staff typically work longer hours than usual to prepare for students moving on campus, and other large scale university wide events. July and August are very taxing periods for professionals who work in student affairs; in fact, some professionals may not be allowed to take vacation during the months of July and August because they are so taxing. Professionals often overwork themselves, and usually must perform more work than usual. This is so draining that many professionals, particularly in residence life may take a sickness day in the form of a



“mental health” day. Mental health days are when professionals often use sick leave and the time is taken to rejuvenate; often professionals have no documented illness.

### **Impact of Stress on Helping Professions**

Stress impacts the body from birth to death. However, as individuals grow and develop, stressors and stressful situations can increase and the sources of stress change (Morris, Moore, & Morris, 2011). Stress is defined as “the non-specific response to any common demand upon the body or any alteration in psychological homeostatic processes,” (Al’Absi, 2007, p. xv). Stressors have the potential to overwhelm the body and can occur as a result of interacting with social, emotional, physical, psychological, or emotional stimuli (Cameron, Maguire, & McCormack, 2011).

### **Physiological Response to Stress**

As individuals become mentally exhausted at work, physical signs will manifest, which may cause individuals to progress to the burnout phase. In addition to the emotional stress that accompanies working in the helping profession, there are physical stressors associated with the helping profession as well. Physical symptoms of stress include increased headaches, fatigue, insomnia, premature death (likely due to cardiovascular disease), diabetes, and depression (Kleiner & Pavalko, 2010; Spector, 2011). These physical symptoms inhibit optimal health and wellness, which is not only linked to better physical health, but is also linked to positive internal locus of control in adults (Kleiner & Pavalko, 2010; Spector, 2011).

Many institutions attempt to minimize costs while maintaining and increasing goals, productivity and outcomes. Occupational stress can also cause long term physical and mental illness (Schulz, Damkroger, Voltmer, Lowe, Driessen, Ward, & Wingenfeld, 2011).

Occupational stress also negatively impacts sleep and sleep patterns. This can lead to occupational

burnout. Burnout is associated with physical and/or mental illness, increased absenteeism, and a lack of occupational productivity (Vinokur, Pierce, Lewandowski-Romps, 2009).

Schulz et al. (2011) explored the relationship between work conditions, occupational behavior and experience patterns, and mental and physical health of nurses. Nurses from four German hospitals were utilized in the sample. The sample size was 356. Participants were administered the Work-Related Behaviour and Experience Pattern (Schaarschmidt & Fischer 2003; Voltmer et al., 2007, 2008), a 66 item questionnaire which asked about their experiences, attitudes, and thoughts regarding work related interactions. This questionnaire categorized nurses in 4 ways: 1) Type G: the healthy ambitious type, 2) Type S: the unambitious type, 3) Risk Type A: the excessively ambitious type, and 4) Risk Type B: the resigned type (Schulz et al, 2011).

Schulz et al. (2011) measured occupational stress using two subscales of the Chronic Stress Screening Scale (Schulz & Scholtz, 1999), measured somatic symptoms using Freiburger Beschwerdeliste- Revised (Fahrenberg, 1994), and measured depressive symptoms using the German version of the Self-Rating Depression Scale (Zung, 1986). ANOVA and chi-square tests were used to analyze and interpret data. Of the sample, 147 were Type S (unambitious), while 65 were type G (healthy); the remaining 137 were categorized in the Risk types. Nurses who were categorized as risk types A and B reported more physical symptoms than nurses who were types G and S. The main results of this study depicted that unhealthy occupational experiences and occupational behavior are associated with diminished physical and mental health (Schulz, 2011).

Harwood, Ridley, Wilson, and Laschinger (2010) completed a secondary data analysis to explore the effects of burnout, physical health, mental health, and job retention among Canadian nephrology nurses. The sample size was 121 participants. Nurses in the sample completed the

Pressure Management Index (William & Cooper, 1998), which measured burnout and health outcomes. The nurses also completed the Maslach Burnout Inventory General Survey (Maslach et al., 1997), which seeks to measure burnout using three subscales: a) cynicism, b) emotional exhaustion, and c) depersonalization. A hierarchical linear regression was used to analyze and interpret the data (Harwood, 2010).

About 40% of mental health concerns were influenced by burnout, specifically cynicism and emotional exhaustion, while about 28% of the physical symptoms experienced by nurses were influenced by burnout. Emotional exhaustion had a significant impact on symptoms such as shortness of breath, muscular trembles and aches, and feelings of weariness. Results of this study suggest that some of the mental and physical health concerns that nurses experience are related to occupational burnout (Harwood et al., 2010).

### **Emotional Exhaustion**

The first reaction to stress related to job demands or significant change is exhaustion (Edwards & Dirette, 2010). Emotional exhaustion is, “the depletion of psychic energy or the draining of emotional resources,” (Bakker, Zee, Lewig, & Dollard, 2006, p. 32). Exhaustion is widely reported among high stress jobs. Exhaustion is not merely experienced, but cause professionals to detach themselves mentally, emotionally, and physically from their work. This is because exhaustion causes professionals to feel fatigued emotionally and physically without having the ability to relax and rejuvenate. Additionally, exhaustion may also cause feelings of inadequacy, and diminished self-esteem at work (Edwards & Dirette, 2010). Other signs of emotional exhaustion include low self-esteem, anger, dissatisfaction at work, memory lapses, confusion, suspiciousness, and a cynical attitude (Justice et al., 1981). This leads to decreased productivity (Edwards & Dirette).

Emotional exhaustion occurs when a helper is emotionally overexerted and overwhelmed at work. Many student affairs professionals interact with internal and external customers, who all have different needs and expectations. Student affairs professionals aim to provide high quality service, which can be emotionally draining. Much like nursing and other helping professions, there is the expectation that student affairs professionals will emit positive and friendly emotions, while suppressing frustration, fatigue, and other negative emotions. Students, parents, and other colleagues expect staff to be encouraging, supportive, and helpful, not only when providing customer service, but in times of crises as well. Thus, at times, student affairs professionals may exhibit an inauthentic, positive persona in order to meet this expectation, even though their actual feelings may be in contradiction to those exhibited, further leaving the professional feeling exhausted and depleted. In addition, when professionals do not have support to deal with occupational stressors, emotional exhaustion is likely to occur. As a coping strategy, a professional who is emotionally exhausted may be withdrawn, tends to be absent from work, and overall is less satisfied at work which negatively impacts occupational effort and performance; further, positive emotions at work become harder to achieve and maintain (Lam, Huang, & Janssen, 2010; Jackson & Maslach, 1982).

Prior to emotional exhaustion, employees exhibit emotional annoyance. *Emotional annoyance* is “the sense of uncertainty at work, including reactions of insecurity, alertness and inconvenience,” (Garcia & Calvo, 2012, p. 102). During times of uncertainty, emotional annoyance can increase, causing disconnect between personal goals of the employee and occupational interactions. Over time, this can have a negative impact on professional relationships and social relations at work (Garcia & Calvo, 2012). Garcia and Calvo (2012) cite that nurses experience high levels of emotional exhaustion. This is due to extensive workdays,

increasing hospital demands, varying work conditions, and conflicting priorities, which can create a stressful environment (Garcia & Calvo, 2012).

Garcia and Calvo (2012) conducted research to disclose variables that identify the level of emotional exhaustion nurses experienced; they used an explanatory model to probe whether emotional annoyance and resilience will aid in the understanding and explanation of how cynicism and professional efficacy are related to emotional exhaustion. A nursing sample of 200 was used. Of the sample, 150 were men and 50 were women. The average years of work experience was 14, while most averaged 9.06 years in their current positions (Garcia & Calvo, 2012).

Garcio and Calvo (2012) used the Maslach Burnout Inventory General Survey (Maslach, 1996), to measure emotional exhaustion, cynicism, and professional efficacy. The Conner-Davidson Resilience Scale (Connder & Davidson, 2003) was used to measure resilience, and emotional annoyance was measured using the five items of the emotional annoyance scale proposed by Mohr et al (2006). Data was analyzed using a structural equation analysis. The analysis supported the following findings: 1) emotional annoyance is significantly associated with higher levels of emotional exhaustion, 2) low professional efficiency and cynicism is associated with increased levels of emotional exhaustion, 3) the higher the resilience levels displayed by nurses, the lower the risk of emotional exhaustion, and 4) resilience and emotional annoyance, when combined with professional efficiency and cynicism, improve the explanation of the concept of emotional exhaustion (Garcia & Calvo, 2012).

Regardless of occupation, in the helping professions, workers are called to provide high quality service. Higher quality service typically involves positive emotional display, “the extent to which employees show positive emotions and conceal negative ones in order to deliver quality

experiences in service encounters,” (Lam, Huang, & Janssen, 2010, p. 369) whether interacting with a variety of people, whether they are co-workers, subordinates, superiors, and customers. This places an emotional expectation upon employees to have a friendly and helpful disposition, while suppressing feelings of sadness, anger, and frustration (Lam et al., 2010). The exertion of emotional display where an employer must consistently display a cheerful disposition while suppressing negative emotions can cause feelings of emotional weariness (Lam et al., 2010).

Emotional labor at work can impel feelings of *emotional dissonance*, where there is a discrepancy between personal emotions and the emotions people are expected to display at work (Moon & Hur, 2011). Moon and Hur (2011) cited studies that suggest that prolonged emotional dissonance leads to feelings of irritation, weariness, and exhaustion that ultimately lead to burnout as dissonance promotes negative self-perception. Typically, people who are emotionally healthy and emotionally intelligent are able to deal with occupational challenges and the stresses of life, which aid in good physical and psychological health (Moon & Hur, 2011).

Moon and Hur (2011) conducted research to explore the relationship between emotional intelligence and emotional exhaustion, and emotional exhaustion and job performance. A sample of 295 retail sales employees were utilized in this research. Of the sample, 63.2 % were women, while the average age was 38.4 years and the sample averaged 3 years of work experience. Emotional exhaustion was measured using the Emotional Exhaustion subscale of the Maslach Burnout Inventory (1986), emotional intelligence was measured using 33 items adapted from Shutte et al., (1998). Organizational commitment was measured using 5 items from Mowday, Steers, and Porter (1979), and job performance was measured using 4 items from Brown and Peterson (1984). A structural model was used to analyze and interpret data. Based on the results of Moon and Hur’s study emotional intelligence had a negative relationship with

emotional exhaustion in terms of appraisal of emotions, social skills, and mood regulation. Results also showed that emotional exhaustion has a negative relationship with job performance in terms of organizational commitment and job satisfaction (Moon & Hur, 2011).

## **Burnout**

*Burnout* is a “psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job,” (Leiter & Maslach, 2009, p. 332). One of the earliest references to burnout is Biblical. “This is not good!” Moses’ father-in-law exclaimed. You are going to wear yourself out—and the people, too. This job is too heavy a burden for you to handle all by yourself,” (Exodus 18:17-18 Life Application Study Bible). The term burnout emerged in the United States in 1974 when psychoanalyst Herbert J. Freudenberger first used the term. He coined it after he observed changes in motivation and commitment of volunteer helpers in psychiatric care; the condition was caused by continuous work in emotionally taxing situations and was noted by the physical, mental, or emotional exhaustion as a result of work (Petkovic, Macesic, Balos, Misic, & Djordjevic, 2012). Burnout has been chronicled in at least 60 professions (Kascha, Korczak, & Broich, 2011). Occupational burnout has always been considered detrimental to people working in the helping professions such as health care, education, and human services (Maslach & Goldberg, 1998).

Freudenberger characterized burnout as including the following 12 components : 1) compulsion to prove one’s self, 2) working harder, 3) neglecting self needs, 4) displacement of conflicts and needs, 5) not having time for work related needs, 6) increasing denial of the problem/decreasing flexibility of thought and/or behavior, 7) withdrawal, lack of direction, and/or cynicism, 8) behavioral changes/psychological reactions, 9) depersonalization: loss of contact with self and own needs, 10) inner emptiness, anxiety, addictive behavior, 11) increasing

feeling of meaningless and lack of interest, and 12) physical exhaustion that can be life threatening (Kascha et al., 2011).

The components of burnout have not changed much since it was chronicled in the 1970s. There is not only a need to understand burnout, but there is an interest to determine how to repair burnout. Burnout and engagement are on a continuum, which is determined by employee's psychological relationship with their work. Burnout is composed of three dimensions, (a) exhaustion-energy, (b) cynicism-involvement, and (c) inefficacy-efficacy. The *exhaustion* dimension refers to feelings of being depleted emotionally and physically. *Cynicism* (or depersonalization) refers to negative and/or detached responses to tasks at work. The *inefficacy* (or reduced personal accomplishment) refers to feelings of being unproductive. These combined dimensions cause feelings of being burned out and place a strain on professionals' ability to work (Maslach & Leiter, 2008). Burnout occurs when professionals continue working through periods of emotional depletion to achieve organizational outcomes. When a professional is consistently drained from work for days and weeks, they are typically exhibiting early symptoms of burnout (Quick, Cooper, Gavin, & Quick, 2008). Professionals may choose to leave their occupations and career field due to burnout, but others will continue working and at best perform the minimum. This negatively impacts the quality of work and the psychological health that impacts the professional, colleagues, and the employer (Maslach & Goldberg, 1998).

Burnout is calamitous for people who initially started their careers with positivity, a dedication to help, and with zealous expectation. It is expected that professionals who provide care and service to others to work long hours, make other's needs a priority, and to go the extra mile to help a client/student/patient; professionals are called to give their best and their all.



However, this devotion and dedication can be exhausting and could leave one feeling depleted and drained. The following case of burnout is chronicled by Maslach and Goldberg (1998),

I am a psychologist, going on my third year...I have seen myself change from an avid, eager, open-minded, caring person to an extremely cynical, not-giving-a-damn individual in just two and a half years...I've already developed an ulcer...gone through drinking to relax enough to go to sleep...I need time away from constantly dealing with other people's sorrows...I must get away...when I start shaking just up entering the office...it hurts to feel like a failure as a therapist in terms of not being able to handle the pressure," (Maslach & Goldberg, 1998, p. 63).

Organizational context strongly influences an individual's propensity toward burnout in multiple ways. One such way is through imbalance at work. This occurs when there is a high demand at work that cannot be met due to low resources. These demands tend to be chronic; they are ongoing. Another is workplace conflict. Conflict can arise between and among colleagues, coworkers, institutional values, demands, as well as clients/patients/students (Maslach & Goldberg, 1998). Although conflict at work can be expected, too much conflict coupled with high workload is exhausting. Having little control over work and not being a part of the decision-making process can cause feelings of inadequacy. An ill effective coping strategy used to deal with this is distancing, as people may start to personally disassociate themselves with work (Maslach & Goldberg, 1998).

Other things that make professionals experience burnout are the economic, social, and political factors that impact the work environment. Governmental cutbacks have resulted in downsizing and personnel are charged with providing the same service with fewer funds; in addition, fewer professionals results in an increased workload. Policies also dictate what services can and cannot be provided. Teachers are expected to sometimes reach unrealistic goals regarding educating students in addition handling personal and behavioral concerns of students

(Maslach & Goldberg, 1998). The same also applies to student affairs professionals. Offices tend to restructure and mission, vision, and values may change to meet the changing needs of students. To thwart budget cuts, as persons leave the profession, new professionals may not be hired—increasing the workload and changing the role of current employees.

Burnout has emerged as a “grass-roots” phenomenon; it has been experienced prior to being studied by researchers; it was rooted in personal experience with the workplace. There has been debate about its definition and typically people have used it to mean very different things; however, there has been agreement about the underlying consensus about burnout dimensions, which led to the multidimensional model of burnout. According to the model, burnout is characterized by a sustained emotional response and interpersonal stressors experienced on the job. This response negatively affects self-esteem and how people view others; it is embedded in social relationships. Moreover, burnout is a psychological syndrome noted by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Goldberg, 1998).

### **Dimensions of Burnout**

Emotional exhaustion, the salient characteristic of burnout, denotes the stress dimension of burnout. Feelings of emotional exhaustion cause professionals to consistently feel emotionally overextended, depleted, and drained of energy. Emotional depletion occurs when professionals exert tireless efforts to complete a project, assist a client, or perform a task. The crux of emotional exhaustion is work load and/or overload; professionals feel used up and are not able to adequately replenish energy needed for the next day. Lack of energy makes it difficult to face another day or assist another person in need (Maslach & Goldberg, 1998). Professionals who are

not burned out are usually able to rejuvenate after adequate rest and are able to face the next day's challenges (Quick, Cooper, Gavin, & Quick, 2008).

Feelings of depersonalization refer to the careless, insensitive, negative, or detached response to others, whether they are coworkers, colleagues, or persons in need. These feelings also extend outside of the workplace and can affect significant others and spouses and is very damaging to personal relationships (Maslach & Goldberg, 1998; Quick et al., 2008); it is first used as a coping mechanism to protect self—it is a direct response to feelings of emotional exhaustion. This is especially detrimental as it can evolve into dehumanization (Maslach & Goldberg, 1998).

When feelings of reduced personal accomplishment surfaced, professional expertise, savvy, and skill declined while engaging with others at work (Maslach & Goldberg, 1998; Hakanen, Shaufeli, & Ahola, 2008). This also decreased self-efficacy, which in turn can be linked to depressive symptoms and depression. This is further triggered by little opportunities for professional develop and lack of social support (Maslach and Goldberg, 1998). See Figure 2.1

for the conceptual model for burnout. Maslach and Leiter (2008) cited research that concluded burnout as being positively correlated with hypertension, headaches, gastrointestinal disorders, irregular sleep cycles, and colds. In addition to the physical strain it places on the body, burnout causes mental anguish as well characterized by: “a) predominance of dysphoric symptoms such as emotional exhaustion and fatigue; b) a predominance of mental and behavioral symptoms rather than physical ones; c) symptoms that are work-related, d) manifestation of symptoms in “normal” persons who did not suffer from prior psychopathology, and e) decreased work performance resulting from negative attitudes and behaviors,” (Maslach & Leiter, 2008, p. 499).

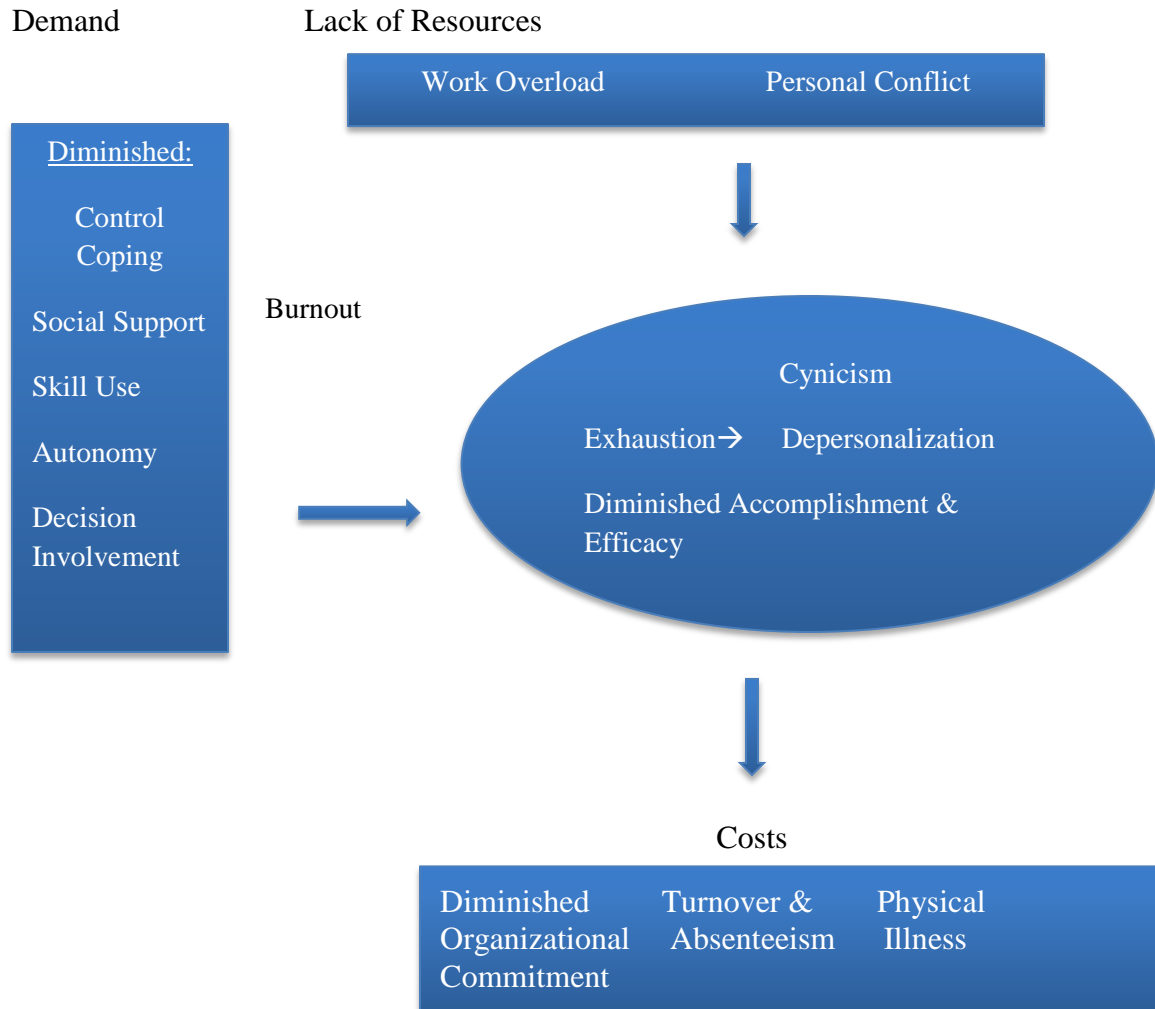


Figure 2.1 Conceptual Model of Burnout  
(adapted from Maslach & Goldberg, 1998, p. 65)

The Maslach Burnout Inventory (Maslach, Jackson & Leiter, 1996) is considered the primary instrument for burnout. Originally, the MBI was used to assess professions who worked in health care and human service professions; there is a modified version for educators. Due to the growing interest of burnout among professionals who do not work with clients, a more generic version of the tool was created called the MBI-General Survey (MBI-GS). Although the instrument is labeled using different terms (exhaustion, cynicism, and inefficacy), it measures the same three dimensions as the original instrument (Maslach & Leiter, 2008).

Maslach and Leiter (2008) referenced a study that determined that MBI scores distinguish psychiatric outpatients diagnosed with occupational related neurasthenia from persons diagnosed with other mental disorders (Schaufeli, Bakker, Hoogduin, Schaap, & Kladler, 2001). Additional studies that determined that although burnout is distinct from other mental illness, it can lead to more severe mental malady (Bakker, Schaufeli, Demerouti, et al., 2000; Glass & McKnight, 1996); burnout has also been found to predict depression (Greenglass & Burke, 1990).

When assessing burnout, demographic factors are also considered; however, findings have not been consistent; in addition variables such as occupation, age, and gender makes drawing conclusions based on demographic factors difficult. However, organizational factors have been identified and considered when assessing burnout. These factors are: workload, control, reward, community, fairness, and values (Maslach & Leiter, 2008).

Workload is commonly discussed in burnout; when human limit is exceeded by overload, professionals can start to feel burned out by first feeling exhausted. Exhaustion then plays a mediating role with the other dimensions of burnout. When professionals continue to overexert themselves to complete a task or consistently work adequate hours with little recovery time. Occasional or episodic work overload may not be detrimental, if professionals have adequate time to rest and recover prior to the next day of work (Maslach & Leiter, 2008). Maslach and Leiter (2008) note the demand-control theory of job stress as noted by Karasek and Theorell, 1990). Job control is defined as, “combination of autonomy in the job and discretion for using different skills,” (Landy & Conte, 2010, p. 467). One of the more prevalent issues of job control is role conflict and the authors note research (Cordes & Dougherty, 1993) that found a strong relationship between the exhaustion dimension of burnout and role conflict (Maslach & Leiter, 2008).

Professionals are more susceptible to burnout when there is no adequate reward for work done. Rewards can be social, institutional, or financial in nature. Feelings of inefficacy surface when colleagues, superiors, and other stakeholders do not reward professionals for their efforts at work. Community is “the overall quality of social interaction at work,” (Maslach & Leiter, 2008, p. 500). Support can come from supervisors or colleagues, but regardless of form of support, it is correlated with higher engagement at work. Fairness implies that work decisions are equitable. Maslach and Leiter (2008) cite research done by Lawler (1968) and Tyler (1990) on procedural justice that determined that professionals care more about the fairness of a process/procedure versus the outcome. Professionals who believe their supervisors are supportive and fair are typically more prone to accept organizational reconstruction and are less likely to be burned out (Maslach & Leiter, 2008).

The values of an organization are typically the things that caused a desire for professionals to work at a particular place of employment. Values motivate employees at work. When there is incongruence between institutional values and personal values, employees are conflicted between doing work they want to do and doing work they must do. A conflict in values affects all dimensions of burnout, and can predict level of engagement and/or burnout at work (Maslach & Leiter, 2008).

Burnout is harmful to professionals, clients, and organizations. When employees feel burned out, they become detached from their work and are ineffective (Lieter & Maslach, 2007). When employees are emotionally and mentally healthy, they are involved at work, feel effective and efficient, and their work is energizing. Characteristics of employees who are experiencing burnout include: decreased occupational productivity, increased interpersonal conflicts, and decreased effectiveness (Oser, Biebel, Pullen, Kathi, & Harp, 2013; Quick et al., 2008). Burnout

is believed to have a mediating role between occupational outcomes and external occupational demands (Leiter & Maslach, 2007).

Leiter and Maslach (2007) conducted research to determine whether the Mediation Model of burnout can be replicated with the intention of turnover outcomes; the researchers also sought to determine if early predictors could determine which work life areas are significant for nursing attrition (Leiter & Maslach, 2007). The sample for this study was Canadian nurses. Most worked full time with varying years of experience. Burnout was measured using the Maslach Burnout Inventory General Scale (Schaufeli et al., 1996) which measures the three dimensions of burnout: exhaustion, cynicism, and efficacy. Areas of work life was measured using the Areas of Worklife Scale which assessed: 1) community, 2) values, 3) reward, 4) control, 5) workload, and 6) fairness. Three items were used to measure burnout, which assessed the intention to quit. A structural equation model was used to analyze the results. The results supported the Mediation Model of burnout. Exhaustion was a predictor of cynicism, which in turn predicted occupational inefficacy. The findings also offered supportive evidence that workload had a direct impact on exhaustion, while values predicted all three levels of burnout. Burnout was also a predictor of job turnover. Overall these supported the Mediation Model of burnout (Leiter & Maslach, 2009).

In addition to nursing, substance abuse counselors are susceptible to burnout. Often, counselors work with clients who are in denial about their issues, face significant health concerns such as HIV/AIDS, and have mental health diagnoses. In addition, many clients may be destitute and homeless, and some lack the motivation to change. Occupational burnout not only affects substance abuse counselors, but the client as well, as burned out counselors may have higher absenteeism rates that could preclude clients from receiving appropriate help. Occupational

burnout may also negatively affect the client's satisfaction with the organization (Oser et al., 2013).

When Freudenberger first described burnout, he used it to describe the mental state of health care volunteers. Volunteer caregivers offer 24-hour support to clients and patients. Volunteers typically give medicine to patients, converse with patients, employees, and family members, and are physically present for many patients. Bakker et al., 2006 wanted to examine the relationship between the Big Five factors of personal and volunteer burnout (Bakker et al., 2006).

Participants in the Bakker et al. (2006) study were Dutch volunteer counselors. All worked with patients who were terminally ill. The sample was comprised of 5 men and 75 women and they worked an average of 8 hours per week. To assess personality, the Five Factor Personality Inventory (Hendriks, 1997; Hendriks, Hofstee, De Raad, & Angleiter, 1999), a likert-scale questionnaire, was used to measure five factors: 1) extraversion, 2) agreeableness, 3) conscientiousness, 4) emotional stability, and 5) autonomy. The Maslach Burnout Inventory (MBI) (Maslach, Jackson, & Leiter, 1996), the Dutch translation (Schaufeli & Van Dierendonck, 2000) was utilized. The test measures three subscales of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Lastly, the patients were asked two open-ended questions about their positive and negative experiences with patients. To test their hypotheses, a hierarchal regression was used to analyze and interpret the data. Results showed that each of the burnout dimensions were positively associated with burnout; there was also partial support to suggest that extraversion is negatively related to emotional exhaustion and positively related to personal accomplishment. Although this study used a relatively small sample, there are few studies conducted on volunteer burnout. Volunteers were also able to recount their positive and



negative experiences, and many noted more positive experiences than negative experiences, which indicated a low level of burnout was low (Bakker et al., 2006).

Burnout is a condition in which a helper, who has previously been emotionally exhausted, has symptoms that progress to include feeling unmotivated and emotionally distant at work. Burnout is unique to each person, as it can cause many different reactions (Spicuzza & De Voe, 1982). Detachment from the job, cynical thoughts and feelings and overwhelming exhaustion are the key elements of burnout (Leiter & Maslach, 2007). Working in the helping profession is emotionally taxing as many helpers are exposed to sad life stories and often know intimate and tragic life events of the persons they have work relationships with. The helping profession is also stressful because professionals are charged with having a relationship with those in need and this direct relationship may cause one to lack empathy and the professional and person in need have different expectations of the role of the helper; there are also disparities between the best help for the person in need (Papovic, 2009). Burnout is a result of frustration at work, and is correlated with situations at work, rather than a specific person.

Kruger, Bernstein, and Botman (2012) noted that although burnout and social relationships have been studied, little attention has been devoted to burnout and friendship. A friendship is a social support structure that allows for reciprocity, understanding, and mutual agreement that may not be a part of supportive structures. For example, a co-worker may offer advice on how to deal with a difficult situation, but the co-workers may not consider each other friends. Kruger et al. (2012) also cited studies that have concluded that relationships among human service providers are inversely related to burnout.

Many organizations may seek to embrace team-based work environments because it is reported that productivity levels are higher and employees may also be satisfied in these

environments. Because of this, it is possible that friendships at work may have an impact on burnout. Kruger et al. (2012) sought to discover if the number of reciprocated team relationships would predict burnout when popularity was controlled. The researcher also examined aspects of team friendship (occupational, personal conversations, and fun) to determine whether it would predict burnout (Kruger et al., 2012).

Data was collected from a Children's Services summer residential facility. All counselors were associated with 1 of the 19 work teams, and teams were comprised of 6 counselors and one supervisor. Sixteen teams participated in both phases of data collection. Of the sample 70% were women, and the average age of the counselors was 22.5 years. The second phase of data collection involved 52 participants who also participated in the first phase, and each participant had at least one team friendship. The Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1986) was used to measure the dimensions of burnout: emotional exhaustion, personal accomplishment, and depersonalization. The researchers did adapt the scales to be more consistent with the short-term nature of the facility. Team friendships were defined as the number of reciprocated nominations with teammates and were measured using a Likert-type scale, based on participant ratings of how often they engaged in occupational conversations, personal discussion, and fun with their team members. Results were analyzed using a hierarchical regression analyses (Kruger et al., 2012).

Kruger et al. (2012) concluded that friendships between and among team members had a significant relationship to emotional exhaustion and personal accomplishment; it is possible that burnout can be avoided through reciprocal relationships. The study also sought to determine if aspects of team friendship are related to burnout; the results showed the strongest relationship between fun and personal accomplishment, and the authors cite research by Bales (1965) that

suggests that groups with the greatest success are able to balance between emotional and social needs and task completion. Although this study is important to burnout, the research sample was small and only conducted with one type of employee. Lastly, it is important to note the peer nomination approach that asked workers to name five co-workers in which they were most friendly; some employees may have named five, but may not have had friendly relations with five (Kruger et al., 2012).

Much like residential counselors work in a team setting and have an increased amount of daily contact in comparison to other helping professionals, student affairs professionals typically spend a lot of time with one or more co-workers. Many professionals work in teams on various projects, committees, and tasks as assigned by their respective department. Outside of work, many staff members may be friends with other colleagues and not only lean on them for professional support and advice, but personal support and advice as well. Because of this, it is important that conclusions regarding the causal relationships between burnout and reciprocal relationships be explored in other areas using quasi-experimental and experimental designs (Kruger et al., 2012).

Burnout can be debilitating because it tends to be chronic, particularly if professionals do not seek help during to alleviate symptoms. Research by Bakker (2009) showed that the autonomic nervous system (which is a part of the peripheral nervous system) affected the ability to breathe, perspire, urinate, and sexual arousal (Bakker, 2009). Professionals suffering from burnout are susceptible to higher levels of anxiety, low self-esteem, depression, and headaches among other ailments (Oser et al., 2013). Burnout can also affect the hypothalamus-pituitary-adrenal cortex axis, which activates “fight or flight” which allows persons to adapt to stressful situations (Bakker, 2009).

There have been fewer studies on burnout as it relates to physical health, but research does show a positive relationship between physical health concerns and professional burnout. Burned out professionals are highly exhausted and many have a negative attitude at work. Burnout not only affects the professional, but also has negative effects on partner health. Bakker et al. (2009) conducted a study on Dutch medical residents and their partners and found a negative relationship between burnout and physical health for professionals and their partners.

### **Impairment**

Occupational stress leads to emotional exhaustion, which then leads to burnout. However, when employees are burned out, many may continue coming to work. This may lead to impairment. *Impairment* is defined as “any loss of psychological, physiological, or anatomic structure or function,” (Stellman, 1998, p. 17.6). Professionals who are impaired may be more apt to “physical and mental disability, alcoholism, substance abuse, debilitation through aging, loss of motor skills, and become sexually involved with patients (Fruedenberger, 1974, p. 175). In addition, impairment may be permanent or temporary and may be present from birth or required adventitiously,” (Gap & Group for the Advancement of Psychiatry, 1993, p. 8). Fruedenberger (1990) also noted that a risk of working in the helping professions (especially psychotherapy) is impairment as a result of burnout. The professional who is impaired is described as, “highly competitive, rigid, have high expectations of themselves, have excessive concerns for details, may be passive aggressive individuals, are narcissistic, or dependent people (p. 32-33).” These persons also struggle saying, “no” when asked to assist with other tasks/projects (Fruedenberger, 1990).

Zurlo, Pes, and Cooper (2007) cited studies that deem teaching as a ‘high stress occupation,’ (Zurlo et al., 2007, p. 231). Some of the stressors that lead to burnout in teachers are

work conditions, few chances for promotion, poor relationships with students, colleagues, and other administrators, and student discipline. Although exposure to these factors can lead to burnout, psychological resources impact stress. An example is psychological coping, which is defined as, “the process of appraisal of threat and the mobilization of cognitive and behavioral strategies to manage the problem and its emotional correlates,” (Zurlo et al., 2007, p. 232). Effective coping strategies will allow one to manage and navigate occupational stressors.

Zurlo et al., (2007) sought to analyze the stress of teachers in Italy. To derive a sample, teachers who taught at all levels were given the Teacher Stress Questionnaire (Travers & Cooper, 1996). This instrument was used to measure personality, particularly, Type A disposition, coping and stress, and sources of pressure. After teachers took this test, they were measured against British teachers, for whom the TSQ was originally intended. The sample was comprised of 284 teachers that ranged from 23 to 67 years old. Of the sample, 29.4% were primary school teachers, while 24.1% were junior high school teachers, 23.4% were nursery school teachers, and 23.1% were high school teachers. The Crown-Crisp Experiential Index (Crown & Crisp, 1979) was used to measure mental ill-health. The Job Satisfaction Scale (Warr, Cook, & Wall, 1979) measured job satisfaction using a likert scale. The Sources or Pressure in Teaching Scale (Travers & Cooper, 1996) was used to measure occupational stress in terms of status, workload, recognition and social support as perceived by teachers from students and their parents/guardians, colleagues, and superiors. Bortner’s Type A behavioral style inventory (Bortner, 1969), which evaluated attributes of Type A behavior. Lastly the Coping Style Inventory (Cooper, Sloan, & Williams, 1988) to assess how individuals handle difficult situations under pressure (Zurlo et al., 2007).

In order to predict the relationship between the independent (job stressors, coping style, Type A behavior, and demographics) and dependent variables (mental ill-health and job satisfaction), data was analyzed using univariate analysis, multivariate analysis, and multiple regression analysis. Results of the findings were compared with a British schoolteacher sample, which consisted of 1,790 teachers, whose ages ranged between 22 and 65 years; of the sample, 41% identified as female. Results showed that Italian teachers experienced less overall mental health issues. Italian teachers, as compared to British teachers noted higher job satisfaction, and tended to adopt coping strategies centered on innovation rather than social support (Zurlo et al., 2007). The authors also noted that behavioral style and mental ill-health are linked, as job satisfaction for Italian teachers is individually focused rather than teamwork focused; although this could increase job satisfaction on a short term basis, this could potentially pose negative effects on leading and quality of teaching which may lead to disengagement and lower job commitment (Zurlo et al., 2007).

According to studies cited by Thomas et al. (2011), functional impairment and mental health problems are strongly correlated (Booth, Blow, & Cook, 1998; Foley, Neale, Gardner, Pickles, & Kendler, 2003). Additionally, Thomas and colleagues (2010) conducted research that found that servicemen and women who screened positive for post-traumatic stress syndrome (PTSD) reported that symptoms made it difficult to have positive relationships with others and experienced difficulty at work and at home. Because mental health signs and symptoms affect daily functioning, the *Diagnostic and Statistical Manual of Mental Disorders* (2004) incorporates functional impairment into the definition for many mental health concerns. For example, work impairment has been linked to bipolar disorder (Kessler & Frank, 1997), mood disorders (Adler et al., 2006), and personality disorders (Skodal et al., 2002).

Thomas et al. (2011) hypothesized that dispositional optimism will moderate the relationship between work impairment and mental health symptoms. The sample that was used in this study was a brigade combat team that served 12 months in Iraq. The sample size was 2,984. Of the soldiers, 60% were married, and 99% had a high school diploma or GED. In addition, 4% were female and 96% were male. In terms of race, 69% identified as Caucasian, while 14% identified as African-American, 4% Asian/Pacific Islander, 10% Hispanic, and 3% identified as Other (Thomas et al., 2011).

The participants completed the questionnaires and surveys during their third day of redeployment processing. Combat exposure was measured using a 32 item checklist asking whether combat occurred during their last deployment. The response format was yes/no. Dispositional optimism was measured using the Life Orientation Test-Revised (Scheier, Carver, & Bridges, 1994), which assessed optimism using individual trait differences. This is linked to health and behavioral outcomes and participants note the degree that they agree/disagree with statements given. Participants used the 11-item scale developed by the Walter Reed Army Institute of Research to assess ongoing demands of the deployment environment. Each response was scored on a 5-point likert scale. Post-traumatic stress disorder symptoms were assessed using the Posttraumatic Stress Disorder Checklist (Weather, Litz, Herman, Huska, & Keane, 2003). The Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999) was used to assess depression symptoms. Work impairment was measured by asking the soldiers to note the extent that stress or emotional issues affected occupational performance. Soldiers were then asked if emotional issues/stress impacted their ability to carry out work related tasks (Thomas et al., 2011).

To analyze the results, authors relied on means, correlations, and standard deviations to examine the relationships between the measures studied. Dispositional optimism was negatively related to the dependent measures (depression symptoms, work impairment, and PTSD symptoms) and deployment demands. Combat exposure was positively correlated with depression symptoms and PTSD, and slightly correlated to work impairment. Deployment demands were also positively related to the dependent measures: depression symptoms, work impairment, and PTSD symptoms. Soldiers who had higher levels of dispositional optimism reported fewer mental health concerns when reporting high level of warzone stress, in comparison to soldiers with lower dispositional optimism. Soldiers with higher levels of dispositional optimism were also less likely to report work impairment when experiencing trauma and stress (Thomas et al., 2011).

Prior to this research, the authors noted that no other research to date examined dispositional optimism as a moderator of different stressors when studying PTSD, depression and work impairment. However, the findings from this study are meaningful, as dispositional optimism can be useful when coping with PTSD. In addition, although work impairment and mental issues are highly correlated, they are not collinear. Many studies that the researchers used showed a link between functional impairment to include work impairment and mental health concerns, and the link was replicated in this study. Because there was not a strong relationship between work impairment and mental health concerns, it is plausible that other factors existed that moderate the relationship; this partially supported that dispositional optimism will moderate the relationship between mental health symptoms and work impairment (Thomas et al., 2011).

Although this research is important, there were limitations to the study. First, the design was cross-sectional. Cross sectional designs typically gather all data at one time and do not imply



cause. In addition, cross sectional designs do not allow for continuous research, as data is gathered at one interval, and as a result the researchers cannot determine how stress will impact dispositional optimism over time. Also, the measure used to assess work impairment was created for the purposes of the studies and was self-reported (Thomas et al., 2011).

Like teachers, veterans, and others in helping profession, residence life personnel in addition to other student affairs administrators can be negatively affected by their work to the point of occupational impairment and will need to employ positive coping strategies in order to deal with the stressors of work. These stressors include but are not limited to: supervision and management of student staff, dealing with difficult students, parents, colleagues, and other professionals, and workload. In addition to appropriate coping skills, dispositional optimism can assist residence life personnel to assist students who have been exposed to personal trauma and other difficulties, but can also assist other personnel deal with and process large scale campus crises.

### **Preventing Burnout: Holistic Wellness**

Alternative medicinal practices included elements of the environment, fitness and responsibility of self through various cultural and religious movements and practices. Dr. Halbert L. Dunn is the physician who popularized and encouraged wellness and wellness practices. Wellness not only addresses physical ailments, but also is applicable to other concerns such as lack of energy and stress (Sterling, von Esenwein, Tucker, Fricks, & Druss, 2010).

Myers, Sweeney, and Witmer (2005) defined wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community,” (Myers, Sweeney, & Witmer, 2005, p. 252). Healthy behaviors affect all aspects of life, as health is on a developmental continuum.

The original Wheel of Wellness Model, created by Sweeney and Witmer (1991) and Witmer and Sweeney (1992) has its roots in Individual Psychology and is largely influenced by Alfred Adler. Adler believed that a person's needs as a whole should be understood, accounting for social and environmental factors (Udchic, 1984). Witmer and Sweeney (1992) noted that according to Adler, (1954) humans' final purpose in life is, "to guarantee the continued existence on this earth of the human organism, and to enable him to securely accomplish his development, (p. 140). As everyone moved toward their final purpose, Adler also ascertained that everyone encountered three major life tasks: work, friendship, and love. Additionally as research on life tasks were expanded, Sweeney and Witmer (1991) and Myers and Sweeney (2005) reported Maslow's and Dreikurs' (1957) additional life tasks, spirituality and self-regulation. Adler, however, believed that at the core of understanding life tasks and the key to understanding human behavior is purposiveness and holism.

Holism reported by Udchic (1984) maintained, "the whole cannot be divided without loss of quality," (p. 1). The concept of holism includes two major precepts, "1) matter, life, and mind are not fixed, constant, and unalterable, and 2) the whole is active, creative, and more than the sum total of its parts," (Udchic, 1984, p. 1). Adler (1923) emphasized a holistic approach to wellness; each aspect is reciprocal as individuals strive for superiority. Taking the notion of superiority and expanding it, Maslow (1971) ascertained that humans are striving to self-actualize by being autonomous, self-regulatory, and self-motivating. Maslow also acknowledged the relationship between the individual and his environment saying, "improving individual health is one approach to making a better world," (Maslow, 1968, p. 6). Maslow believed to exert full potential one must be courageous and intentional. Maslow stated (1991), "the difference between the diminished individual, wistfully yearning toward full humanness but never quite daring to

take it, versus the unleashed individual, growing well toward her destiny is simply the difference between fear and courage,” (Maslow, 1991, p. 120). Maslow also emphasized the importance of contextual factors (such as physiology, safety, and belonging needs) being met prior to self-actualization.

Maslow maintained that although few people actually reach self-actualization, all are capable and can strive to self-actualize. Maslow (1968) believed the following of persons who have reached self-actualization: 1) integration and unity of the whole person, 2) openness to experience, 3) relishing of life, 4) responsibility, 5) astuteness, 6) honesty, 7) kindness, 8) ability to love, 9) secure sense of identity, and 10) confidence in the ability to handle the stresses of life (1968). Self-actualization, and the pursuit of growth is something for all humans to strive for according to Maslow after he studied the characteristics of healthy people (Witmer & Sweeney, 1992). Both Adler and Maslow made significant contributions to the concepts of holistic health and wellness.

Holism also means that activities within a person’s life tasks are interrelated. For example, stress resulting from a lack of self-care can affect happiness in relationships and/or productivity at work. Receiving praise at work from colleagues and supervisors can boost morale, work satisfaction, or wellbeing in the workplace. These things affect lifestyle. Lifestyle refers to, “the dynamic pattern of living within each person,” (Strauch, 2003, p. 455). Lifestyle considers feelings, thinking, and actions that make each individual unique. Lifestyle unifies all unique aspects of a person and reflects how people make sense of his or her surroundings (Strauch, 2003). Our lifestyle is impacted by wellness and wellness practices.

Most models of wellness were rooted in and emerged from professions that focused on physical health. Sweeney and Witmer (1991) proposed a holistic approach to wellness and

prevention, grounded in theories of human development across the lifespan. The original model depicts five life tasks that are interconnected: 1) Spirituality, 2) Self-Direction, 3) Work and Leisure, 4) Friendship, and 5) Love. This is commonly referred to as the Wheel of Wellness (WoW). The Wellness Evaluation of Lifestyle Inventory was created to gauge these characteristics. The forces of life, which include but are not limited to, influence these life tasks: a) changes in family dynamic (i.e. birth, death, adoption), b) education, c) government law, d) religion, e) media, and f) global events (warfare and natural disaster). Gender and cultural differences in wellness have been identified and accounted for (Myers, Sweeney, & Witmer, 2000; Witmer & Sweeney, 1992).

The Wellness Evaluation of Lifestyle (WEL) was the instrument created to measure the Wheel of Wellness. Hattie, Myers, and Sweeney (2005) ran an exploratory factor analysis on the WEL, which revealed one overall factor for global wellness, and five second order factors for wellness. The five factors were not in the original WoW model. The five second order factors and seventeen third order factors are presented in Table 2.1.

Table 2.1 Second and Third Order Factors of the Wellness Evaluation of Lifestyle

Second Order Factors	Third Order Factor
1. Essential Self	Culture Identity, Gender Identity, Self Care, Essence
2. Social Self	Love, Friends
3. Creative Self	Intelligence, Control, Emotion, Humor, Work
4. Physical Self	Exercise, Nutrition
5. Coping Self	Leisure, Stress, Worth, Beliefs

The Indivisible Self as represented in Figure 2.2 is the interrelation of these domains and what they contribute to wellness.

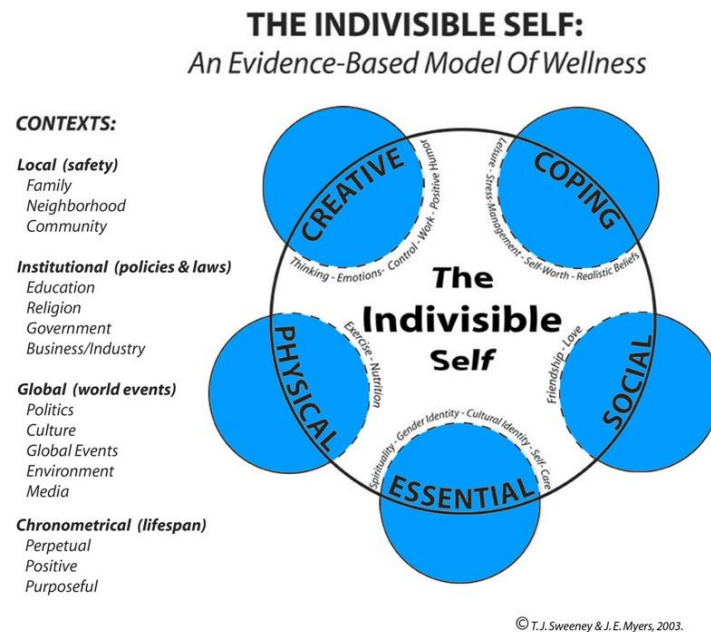


Figure 2.2 The Indivisible Self Model

The concept of wellness has evolved. There are many journals dedicated to different aspects of wellness; in addition there are magazines spreads, special articles, nutritional packaging and labels, clinics, and spas that cater to promoting wellness and wellness practices. Wellness combines health promotion, education, and prevention strategies to provide a healthy quality of life. Additionally, wellness affects the physical, mental emotional, social, environmental, and spiritual self; complications in these areas negatively affect wellness (Sterling et al., 2010).

### The Essential Self

Sweeney and Witmer (1991) believed that history, current events, and cultural events shape our values, beliefs, and behavior. Sometimes, humans are directly affected by such events, but oftentimes, what has a lasting effect is how persons attach meaning to the circumstances or

events. The essential self also includes gender identity and development. Gender identity is assurance that we are male or female. It also refers to feelings of masculinity and feminine, which is a cultural construct (Myers, Sweeney, & Witmer, 2000).

Self-care is very important for student affairs professionals. Self-care is defined as, “promoting the health of one’s five senses, both at work and beyond,” (Biscontin, 2012, p. 86). As helpers, we strive to assist others in solving everyday problems, but student affairs professionals are human, too, and as they help students, staff, and faculty, there should a commitment to self-help and care as well. Even the most rewarding and enjoyable jobs can be stressful, and the sympathetic nervous system consistently keeps us in “flight or fight” to deal with the potential stressors at work. Self-care practices allow the parasympathetic nervous system to take over which allows for relaxation (Biscontin, 2012). It is more effective and efficient to prevent, rather than to treat; self-care encourages personal responsibility (Reardon, 1998; Wolf, Thompson, & Smith-Adcock, 2012). Practicing self-care is important and prevents burnout. Student affairs professionals are encouraged to assume personal responsibility for self. This includes safety habits that we learn (i.e. wearing a seat belt while driving, wearing protective clothing in hazardous environments) to prevent injury or death, avoidance of harmful substance (illegal drugs, or overdose on prescription medication), and periodic examinations (Myers, Sweeney, & Witmer, 2000).

Failure to practice adequate self-care causes one to consistently express distress, which can lead to emotional exhaustion, burnout, and occupational impairment. Failure to exercise self-care is detrimental to professionals and the organization, as well as colleagues, friends and family. Misusing alcohol or other substances in order to cope and promote self-care causes a

deficiency in professional competence and places professionals, the organization, and those served at risk (Barnett, Baker, Elman, & Schoener, 2007).

Adler also viewed spirituality as central to wellness as it conveys a sense of meaning and purpose throughout life. Research suggested that spiritual well-being and support is associated with lower levels of stress management as reported by graduate students in counselor education (Wolf, Thompson, & Smith-Adcock, 2012). Myers, Sweeney, and Witmer (2000) defined spirituality as “an awareness of a being or force that transcends the materials aspects of life and gives a deep sense of wholeness or connectedness to the universe,” (Myers, Sweeney, & Witmer, 2000 p. 252). Every civilization since the beginning of time has practiced spiritual beliefs and practices. These beliefs and practices reflect values of what is essential for sustaining life. For some cultures, religious practices focus on a divine being that intercedes on behalf of humans; for others, worship has focused on nature. Witmer and Sweeney (1992) noted research completed by Buscaglia (1978) about his examination of the seven world’s greatest religions and noted that they all had the Golden Rule in common—“do unto others as you would have them do unto you,” (Whitmer & Sweeney, 1992, p. 141). Spirituality in this sense assumes beliefs about human rights and dignity (Witmer & Sweeney, 1992).

Spiritual wellness is also an essential component of overall wellness. It is estimated that over 90% of the United States population believes in God or a higher spiritual power (Masters & Hooker, 2013; Rosmarin & Wachholtz, 2011). Most of the U.S. population identifies as Christian, while close to 5% subscribe to another religious tradition, and another 4% consider classify as atheist or agnostic. Many note that religious/spiritual practices positively influence health (Masters & Hooker, 2013). The authors also note studies that of the most used alternative

medical treatments, prayer for others and self were frequent wellness practices in addition to participation in a prayer group (Masters & Hooker, 2013).

While many people use prayer as food for spiritual growth, mindfulness meditation offers an alternative to developing spiritually regardless of religious affiliation. Mindfulness-Based Stress Reduction integrates Buddhist traditions of mindfulness meditations into non-religious classes to teach practices that reduce ailments associated with illness, stress, and pain (Greeson, Webber, Smoski, Brantly, Edblad, Suarez, and Wolever, 2011). Greeson et al. (2011) conducted research to determine if connection in daily living and typical spiritual encounters of transcendent awareness account for health-related quality of life outcomes associated with Mindfulness-Based Stress Reduction.

The sample for the study was composed of 180 participants, all proficient in English. In addition, 93.9% of the sample was Caucasian, while 3.6% identified as African American, 2.9% were Hispanic, 2.5% were Asian, and 1.8% identified as Alaskan native or American Indian. The sample was made up of mostly women. Over 90% of the sample was college educated, and over half were living with a partner or were married. About half of the participants (44.8%) had an annual income of over \$100,000.00, while 22% reported an annual income of between \$65,000.00 and \$100,000.00. The sample was further made up of Christians (39.4%), persons who classified as not religious (36.9%), non-denominational Christians (8.2%), Jewish and Unitarian-Universalist (5.0%), Other (2.0%), Buddhist (1.1%), and Muslim, (.7%) (Greeson et al., 2011).

In addition to the sample participating in the 8-Week Mindfulness-Based Stress Reduction program, participants took the Cognitive and Affective Mindfulness Scale-Revised to assess thoughts and mindfulness in four domains: awareness, attention, acceptance/non-



judgment, and present-moment focus. Participants also took the Daily Spiritual Experience Scale (Underwood & Teresi, 2002), a 16-item questionnaire that measured daily spiritual experiences. The 12-item Short-Form Health Survey (Gandhi et al. 2001) measures health-related life quality. The participants then reported how/if they expected to benefit from the Mindfulness-Based Stress Reduction Program and how often they practiced techniques (mindfulness, meditation, or contemplative prayer) during the duration of the program (Greeson et al., 2011).

A structural equation modeling was used to test and analyze relationships among measures studied. Of the survey respondents, 54% reported that the program enhanced and deepened their sense of spirituality. The findings support the notion that mindfulness meditation training and the Mindfulness-Based Stress Reduction program strengthen certain aspects of spirituality. Although the original hypothesis was not upheld, this research provided evidence for alternatives in mindfulness as a medium for meditation where spiritual changes may partially explain mental benefits of the program. While this study is important to mental health and spirituality, it does have limitations. There was no comparison or control group; there is no mediating mechanism that can be identified as a causal pathway. The findings are not as generalizable due to the lack of diversity of the sample (Greeson et al., 2011).

Although some people deem themselves as spiritual, some persons identify with religion and religious practices. Religion is typically defined by affiliation (i.e. Baptist, Methodist, Catholic, etc.), and has group rules, norms, and practices. Spirituality is not defined by affiliation and is perceived as a personal encounter when communing with the sacred. Masters and Hooker (2013) cited studies that prove that religion and/or spirituality is correlated with decreased tobacco and alcohol usage (Gillum, 2005; Hill, Ellison, Burdette & Musick, 2007).

## **The Social Self**

Adler maintained that everyone is born with the need to be connected. Friendships and love are the main tenants of the Social Self. Friendship takes into account all of the social relations in which professionals are connected. These connections exist between individuals or in groups, and are not sexual, familial, or marital in nature. Persons who regularly devote time to helping others also experience health benefits. Persons who are unhappy in their personal and intimate relationships are more likely to become depressed, as friendship is indicative of preventing feelings of loneliness and isolation; however people who are satisfied with their personal relationships are more likely to use wear their seatbelts, and likely to stay away from unhealthy behaviors such as drinking and smoking. They are also more likely to eat healthier. (Myers, Sweeney, & Witmer, 2000).

Love is also a postulate of the Social Self. Love relationships tend to be self-disclosing, trusting and intimate, and cooperative. These relationships also involve sex. For most people, love includes sexual satisfaction along with procreation. Sex is not a requirement of survival, although the continuation of humanity is. There has been little research to determine how sexual satisfaction affects wellness and longevity (Witmer & Sweeney, 1992).

Humans are meant to be with and bond with others. In many cases, we would not be able to thrive without the assistance of others; whether those relationships exist with parents, caregivers, teachers, a significant other, spouses; connections with other people and a sense of community sustains and impacts health. Connecting with pets also promote health and wellness outcomes. Many types of relationships can have an impact on our health and many stressors arise due to relationships with other people. Some of these stressors include: low self-esteem, body image, depression, occupational strain, family pressure, anger, traumatic events, health concerns,

death, weight concerns, and physical injury. Social interactions either enhance or recede our lives and health. Time spent with positive people is self-enhancing as it produces feelings of positivity; however, spending time with persons who are negative can have an adverse affect on health (Kelly, 2013).

Social interactions are defined as, “the noncommercial interchange, whether organized or not, public or private, between two individuals who are not in the same household,” (Mukerjee, 2013, p. 234). These interactions are personal and impersonal. Examples of personal interactions are when people meet friends, relatives, and neighbors; a club or organization does not mediate these interactions. However, impersonal interactions are mediated by organizations and clubs (Mukerjee, 2013).

According to Schneiderman, Zilbertstein-Kra and Leckman (2011) the ability to bond with others is very important and essential for well-being. However, the interruption of these bonds can lead to many psychological disorders such as: anorexia nervosa, generalized anxiety disorder, and clinical depression. There are two periods that are pivotal to psychological functioning: bond formation and bond dissolution. The researchers cited studies that suggest that the detachment of bonds significantly impact psychophysiology and brain activity (Fisher, Brown, Aron, Strong & Mashek, 2010; O’Conner, Gundel, MacGae, & Lane, 2007), it is plausible that psychophysiological changes as well when new relationships emerge. The researchers cited studies (Marazziti & Canale, 2004) that showed that there are increased levels of plasma cortisol when new romantic relationships are formed (Schneiderman et al., 2011).

Friendships have a place at work. Yang, Yang, Chen, Chang, Chiu, Chou, and Chen (2012) found research to suggest that employees who have co-workers as friends are likely to be engaged at work. There is also research to suggest that workplace friendship is negatively

correlated with negative emotion and turnover intent; workplace friendship is positively correlated to performance, job satisfaction, team cohesion, and organizational commitment (Berman, West, & Richter, 2002; Morrison, 2004; Riordan & Griffeth, 1995; Winstead, Derlega, Montgomery, & Pilkington, 1995). The researchers also cited supporting evidence that shows that team cohesion and organizational commitment of a ward nursing team significantly predicted job satisfaction while communication with supervisors and peers, and professional commitment had a moderate relationship with job satisfaction (Lu, While, & Barriball, 2005). Professional commitment is a pledge to the profession (Yang et al., 2012) and has been positively correlated with job satisfaction.

Another strong predictor of job satisfaction is team cohesion. The heart of team cohesion is friendship network. Yang et al. (2010) cite studies (Takase, Oba, & Yamashita, 2009) that suggest that the lack of social support and interpersonal relationships were cited reasons why nurses would consider leaving. Nurses bring more than their skill sets to the job; they bring their social capital and networks and they provide information, opportunities, and resources. The workplace usually has structures that can nurture friendships. The ward nursing team usually works together creating opportunities for cooperation and collaboration and interdependence that promotes satisfaction at work. They can also meet nurses in other wards and befriend these employees as well. These friendships provide even more access to more opportunities and information (Yang et al., 2012).

Yang et al. (2012) used a social network lens to examine nurses' friendship network in a hospital in Taiwan; they sought to examine the relationship of friendship in the same ward and across wards. There were 303 participants from 17 hospitals that were used in this research; of the sample, 2 were men and 301 were women. The average number of years in the present ward

was 4.26 years. More than half of the sample was college graduates; one third were from university and the rest were from high schools (Yang et al., 2012).

To determine social network, participants filled out social network nominations and participants were instructed to nominate no more than eighteen persons that were either in the same ward or another ward. Professional commitment was a three item scale that consisted of the following questions: 1) Being a professional nurse is a great help to my self-image, 2) I am proud of being a professional nurse, and 3) I am enthusiastic about nursing care. These items are rated on a 6-point Likert scale ranging from 1-strongly disagree to 6 strongly agree. The Nurses' Job Satisfaction Scale (Lin, Wang, Li, & Huang, 2007) measured job satisfaction in the following domains: benefit and promotion, feedback, and human relationship. Questions were ranked on a 6-point Likert scale ranging from very dissatisfied (1) to very satisfied (6). Data was analyzed using regression analysis. While professional commitment is the primary predictor for job satisfaction, the friendship network also predicts the dimension in the Nurses' Job Satisfaction Scale and was negatively associated with work load (Yang et al., 2012).

Professional commitment was strongly correlated to job satisfaction as it provided meaning and value. This commitment aided in employee satisfaction and is nurtured through the socialization process. The socialization process not only allowed for friendships to flourish, but allowed nurses to learn from one another both directly and indirectly (Yang et al., 2012).

Much like nurses can build rapport and reinforce organizational commitment through friendship networks, the same can be said of residence life professionals. Entry-level residence life professionals often have the same tasks to complete, however, student demographics, differences in facilities, staff numbers, and the presence of specialized learning communities may make the job slightly different. Professionals can lean on their co-workers for support and get

tips for best practices as they carry out their daily responsibilities in addition to building rewarding friendships. These friendships will allow newer co-workers to know historical information about the department and other housing related trends that they may not learn if employees do not nurture relationships with their coworkers.

### **The Creative Self**

Maslow deemed “self-actualizing” people, as being spontaneous in terms of their thoughts, opinions, emotions, and desires. Primarily these people are authentic and are sensitive to those around them. They are willing to share their emotions with others in a spontaneous way. When negative emotions arise and are suppressed, this can be destructive to overall well-being. Sweeney and Witmer (1991) reported findings by Orstein and Sobel (1987) that reported that hostility is the major contributing factor to coronary artery disease, high blood pressure, and premature death among Type A personalities (Sweeney & Witmer, 1991). Humor, another element of the creative self, also allows for flexibility for problem-solving, serves as a stress neutralizer, and can reduce defense mechanisms. Humor also works to dissipate negative emotions and feelings associated with disparaging thoughts and can possibly change perception (Sweeney & Witmer, 1992).

Additionally, laughter and humor positively benefit health. The Bible is one of the oldest texts referencing the positive affect of laughter and cheer, “A cheerful heart is good medicine, but a broken spirit saps a person’s strength,” (Proverbs 17:22; New Living Translation). Additionally, Martin (2001) cited research by Zane, Spreen, and Lavalley (1999), “...laughter really is good medicine...it not only reduces levels of stress hormones, but lessens depression and improves mood. Even more important research shows that laughter stimulates an increase in

the activity of defensive immune cells...” (p. 504). Laughter also aids in digestion, increases circulation and blood flow and exercises bodily organs (Martin, 2001).

In addition to laughter’s benefits to overall health, risk taking also yields positive health and occupational outcomes. Risk is “the extent to which there is uncertainty about the outcome,” (Charyton, Snelbecker, Rahman, & Elliot, 2013, p. 1). With great risk comes the opportunity for great return. Sensible risk taking and tolerance for risk is believed to be a part of cognitive risk tolerance which is, “an individual’s ability to formulate and express one’s ideas despite potential opposition, ridicule, or negative assessment in regard to reputation, integrity, and honor,” (Charyton et al., 2013, p. 1). The researchers cited studies that deemed cognitive risk tolerance a part of creativity (Charyton & Snelbecker, 2007) and they cite studies that link cognitive risk tolerance to resilience and hardiness (Charyton, 2005; Charyton, 2008).

The current job market leans on innovation and creativity to create new products and provide quality services. Regardless of occupation, creativity is critical; employees must dare to take risks and explore the unknown. While in college, potential employees have opportunities to nurture their creativity in the classroom as students strive to be professionals working in a interdependent and global world. Charyton et al. (2013) also cite research that show risk tolerant persons are not only more likely to take risks (Farley, 1991; Sternberg, 2001), but are more likely to be self-confident (Amabile, 2004), autonomous (Feist, 1998), and they often crave complexity (Barron & Harrington, 1981; Dewett, 2006). Charyton et al. (2013) conducted research with college students to determine the procreative attributes predict higher cognitive risk tolerance.

A participant sample of 1,056 students was derived from a large university in the Midwest and a large institution in the East. Of the sample, 58% were male and 42% were female. In terms of ethnicity, 81% identified as Caucasian and 19% identified as Non-Caucasian.

Additionally, 40% majored in engineering, 15% studied education, 12% were in the medical/health professions majors, 10% came from the psychology and social sciences, 8% were business majors, 7% were undecided, 5% were in the Arts/Architecture, and 3% were music majors. Participants answered a demographic questionnaire that asked information such as gender, age, undergraduate major, ethnicity, and class rank (Charyton et al., 2013).

After the demographic questionnaire was complete, the participants took the Creativity Personality Scale of the Adjective Checklist (Gough, 1979). Thirty items were selected for the participants to take. Each procreative item was worth one point and for each counter creative item, one point was deducted. Participants also take the Cognitive Risk Tolerance Scale (Snelbecker et al., 2001). This 35-item questionnaire determined each participant's ability to create and express ideas despite criticism. Items were on a Likert scale, ranging from 0 (very strongly disagree) to 9 (very strongly agree). High scores indicated a high risk tolerance (Charyton et al., 2013).

Results showed that Arts and Social Sciences majors reported higher cognitive risk tolerance than the Health professions, music, business, engineering, and undecided majors. Caucasians and younger students reported lower cognitive risk tolerance than non-Caucasians and older students. The researchers' findings also align with previous studies that show architects tend to possess creative characteristics. In the study, students who classified themselves as reflective, insightful, inventive, and had a wide range of interests were deemed risk tolerant. Other attributes such as confidence and unconventional are precursors to cognitive risk tolerance (Charyton et al., 2013).

Limitations to this study were unequal college major sample size. Also, more research should be conducted with the demographics. The researchers cited studies (Deakin et al., 2004)



that suggest that as people develop, they may be more apt to discuss their opinions. Also, creativity and cognitive risk taking could be understood over time if the researchers conducted longitudinal research (Charyton et al., 2013).

Student affairs professionals are also called to be creative as they carry out their jobs. Whether thinking of innovative ways to get students engaged and involved in the collegiate experience or implementing new practices that promote stewardship and sustainability, these professionals are encouraged to be creative. This is especially true of residence life professionals. Professionals are encouraged to think of new ways to encourage students to come to programs and are encouraged to make programs educational, engaging, and fun. Even when students misbehave, professionals are encouraged to be educational, engaging, and yet creative in the educational sanctioning of students.

Gong, Huang, and Farh (2009) noted that research conducted by Chamorro-Premuzic (2006) between performance and creativity has been limited to academia. There is research to support a positive relationship between creative reasoning and dissertation grades. Creativity is valuable to employers, as well, as it can cause positive outcomes at work. Creative activities in student affairs include revising protocols and procedures, finding new ways to be sustainable and fiscally responsible, and meeting customer needs in new innovative ways; this leads to improvement with respect to individual performance and overall organizational improvement. Supervisors may also consider employee creativity when conducting performance evaluations (Gong et al., 2009).

Learning is pivotal to creativity and social cognitive theory postulates that learners acquire knowledge and skills through action and doing a particular task and through learning through proficient leaders. Expertise is affected by personal and situational factors that constitute

learning orientation. Learning orientation is “an internal mind-set that motivates an individual to develop his or her own competence,” (Gong et al., 2009, p. 767). This mindset will often motivate employees to take on new tasks and challenges. Leadership also impacts creativity; transformational leaders tend to engage employees intellectually, as they expect creativity in the work place. Transactional leaders are also described as being “charismatic” and “inspirational” (p. 767) and employees are likely to learn from such leaders (Gong et al., 2009).

Gong, Huang, and Farh (2009) hypothesized the following: 1) employers who are more creative generally have higher job performance, 2) employee learning orientation is positively associated with creativity, 3) transformational leadership is positively related to employee creativity, and 4) employee creative self-efficacy mediates the positive relationship between employee learning orientation and employee creativity predicted by Hypothesis 2 (Gong et al., 2009). For the study 227 insurance agents were used. The average employee age was 36.94 years. Of the participants, 59% were female and 41% were male; in terms of company the average was 46.40 months and the amount of experience in the insurance business was 52.65 months. In terms of education, 43 % had a high school diploma, 41% obtained university degrees and 16% had a middle school education (Gong et al., 2009).

Employee creativity was measured using three items of creativity from Oldham and Cummings (1996); items were on a 5-point scale ranging from “Strongly Disagree to Strongly Agree”. Because the definition of creativity differs across culture, focus groups were conducted and four creativity items for insurance sales jobs were developed: 1) custom-made product/service package, 2) acquiring new clients, 3) increasing sales force, and 4) development methods for promotion and sales. Employee job performance was measured in two ways. Four that questions assessed employee job performance were completed by supervisors (Farh &

Cheng, 1997) and items were on a five point scale. Secondly, objective performance was measured as the natural logarithm of the sales during the 4<sup>th</sup> quarter for employees. The researchers used Elliot and Church's (1997) Employee Learning Orientation scale to examine work setting and items were on a 5-point scale ranging from "Strongly Disagree" to "Strongly Agree," (Gong et al., 2009).

Transformational leadership was measured using the Multifactor Leadership Quality Questionnaire Form 5X-Short (Bass & Avolio, 1995) to assess transformational leadership. Items were on a 7 point scale and had 5 subscales: 1) idealized influence (Attributed), 2) idealized influence (behavior), 3) inspirational motivation, 4) individualized consideration, and 5) intellectual stimulation. Employee creativity was measured using four items from Tierney and Farmer's (2002) four-item measure of creative self-efficacy. Items were ranked on a 7 point scale. Lastly, in testing the hypotheses, age, education level, gender, business experience, and company tenure (in months) were controlled (Gong et al., 2009).

To test the hypothesis, a hierarchical linear and non-linear regression model was used. Hypothesis 1 was supported; there was a statistically significant positive relationship between employee creativity and supervisor-rated employee job performance. Because employee creativity on employee learning orientation was regressed, this provided support for Hypotheses 2. The combined results from the first 3 steps of the regression model supported Hypotheses 4 and 5. This research reinforced that organizations benefit from the creativity of its employers, but it also suggests that employers also benefit from employee creativity. Employee self-efficacy and transformational leadership was measured simultaneously; as a result there can be no insight about the relationship between employee creative self-efficacy and transformational leadership. It is also plausible that when transformational leadership was measured, employee creativity

could have already existed prior to working with supervisors that exhibited transformational leadership qualities (Gong et al, 2009).

### **The Physical Self**

The Center for Disease Control (2012) reported more than one third of the adult population as obese. Persons who are obese run higher risks for Type II diabetes, cancer, heart diseases, and stroke, most which are preventable conditions. Twelve states reported obesity rates higher than 30 percent: 1) Kentucky, 2) Alabama, 3) Mississippi, 4) Louisiana, 5) South Carolina, 6) Texas, 7) Arkansas, 8) West Virginia, 9) Michigan, 10) Missouri, 11) Indiana, and 12) Oklahoma (Centers for Disease Control and Prevention, 2012). In addition, persons living in the South are less likely to be physically active as compared to persons in the Midwest, West, North, and Northeast. Physical activity is linked to improved health, as persons who are physically active tend to lead longer lives. Physical health is a preventative measure for some diseases. Good physical health increases endurance and strength, and boosts self-esteem and self-confidence. Physical health is also known to decrease stress and depression (Myers, Sweeney, & Witmer, 2000).

Myers, Sweeney, and Witmer (2000) reported a relationship between diet, health, mood, and performance as cited by Wurtman and Suffes (1996). Additionally, lack of social contact, loneliness, and poor physical health is positively correlated with a lower quality in diet. According to Sweeney and Witmer's (1992) reported findings from Belloc (1973) and Belloc and Breslow (1972) as the following having significance to life expectancy: daily breakfast, three regularly scheduled meals, moderate exercise at least three times a week, no smoking, appropriate weight, no alcohol/alcohol in moderation, and adequate sleep.

The World Health Organization (2013) defines physical activity as “any bodily movement produced by skeletal muscles that require energy expenditure,” (World Health Organization, 2013). Physical activity reduces the possibility of diabetes, cardiovascular disease, depression, and certain cancers such as colon and breast cancer. A sedentary lifestyle is the fourth leading cause of death. It is also recommended that 150 minutes of vigorous movement is needed throughout the week for adults between the ages of 18 and 64 (World Health Organization, 2013). There has become an increased interest in wellness and fitness that is driven by personal motivation. Lifestyle has become more technologically advanced, causing many people to be less mobile and many preventable diseases have surfaced. Treatment has become more challenging as many diseases have multiple causes, and there is not one best treatment available (Reardon, 1998).

Haines, Davis, Rancour, Robinson, Neel-Wilson, and Wagner (2007) reported sedentary lifestyles coupled with obesity cost health care over 90 billion dollars each year. However, positive health behaviors can increase employee productivity, a decrease number of health care visits, and a decrease in occupational absenteeism as it relates to malady. Haines et al. (2007) conducted research to determine if the “Virtual Walking and Wellness Program” affected body mass index (BMI), blood sugar level, blood pressure, total cholesterol, and physical activity. The researchers note that the above health indicators were chosen due to their impact on type 2 diabetes, hypercholesterolemia, and high blood pressure, as health conditions that aid in heart disease caused increased doctor visits and pharmacotherapy. The secondary purpose of this research was to provide information to Human Resources on a college campus data that would back faculty and staff incentives for participating in physical activity programs on campus (Haines et al., 2007).

Participants were gathered from a large college in the Midwest faculty/staff on campus Weight Watchers program in addition to faculty and staff who participated in other on campus wellness programs. They all participated in orientation and completed the Health Insurance Portability and Accountability Act (HIPPA). In addition, they also completed the Physical Activity Readiness Questionnaire (Thomas, Reading, & Shepard, 1992) and the Godin Leisure Time Questionnaire (Godin & Shepard, 1995) that affirmed their status of physical activity. Lastly, the participants took a series of biometric tests: 1) finger prick to determine blood glucose levels, 2) total blood cholesterol, and 3) weight and height evaluation to determine (Body Mass Index) BMI. Of the participants, 120 were able to participate in the study (Haines et al., 2007).

Of the sample, 3 were university faculty members and 117 were staff. Females comprised 92.5% of the sample, while males accounted for 7.5% of the sample. The sample was also largely Caucasian (85%), while 15% identified as African American, 1.7% identified as Asian American and .8% is not reported. Of the sample 7.5% were between the ages of 20-29, 16.7% between the ages of 30-39, 30.8% between the ages of 40-49, 37.5% between the age of 50-59, 5.8% between the ages of 60-69, and 1.7% did not report their age. In terms of BMI, .8% were underweight, 22.5% had normal BMI, 31.7% were pre obese, 20% were Obese Stage 1, 17.5% Obese Stage 2, 5% Obese Stage 5, and 2.5% not reported. Less than half of the sample (40%) had normal blood pressure (Haines et al., 2007).

To determine obesity, participants' height and weight was measured before and after the 12-week program to determine BMI. Blood pressure was tested using a mercury sphygmomanometer and stethoscope and a single stick finger stick using a Cholestech was used to determine cholesterol and blood glucose. To determine baseline activity, a pedometer was used to develop participants' walking program. Participants were instructed to track their daily

pedometer steps. Lastly, participants were given the opportunity to assess their perceived improvement in the following areas: mood, health awareness, nutritional habits, health status fitness level, happiness, weight loss, anxiety, work absenteeism, and work productivity.

Participants assessed items on a 5-point Likert scale (0 = no improvement, 5 = significant)

The 12-week program, “Virtual Walking and Wellness” was administered between June and October and it was a 10 virtual unit educational program that honed in on wellness and physical activity. In addition to participants logging their daily walking activity, participants were sent e-mails with wellness and walking tips. All units had recommended learning objectives and outcomes and review questions. Unit 1 discussed the importance of physical activity along with instructions of how to use the pedometer, and how to determine baseline steps; unit 2 provided information on designing a personal walking program. The other units discussed topics such as stress reduction through physical activity, nutrition, and other wellness related topics. At the end of each objective, each participant was encouraged to increase the number of steps taken by 10% to reach the Center for Disease Control (CDC) 10,000 steps a day. In addition to online materials, each participant was given a manual that included walking log, emergency information, and safety information. There was also a complimentary CD written by the authors of the program for participant reference (Haines et al., 2007).

All of the participants (120) completed baseline biometrics and surveys. However, only half of the sample completed the follow up biometric tests after the program. Of the 60 persons who completed the post biometric evaluations and tests, it was noted that there was a 27% increase in mean number of pedometer recorded walking steps; in addition BMI decreased from 29.06 to 28.76 and there was a 3.4 decrease in persons that were categorized as Stage 1 or 2 hypertension. Participants who completed the follow up testing noted greater than moderate

effects on health awareness, nutrition habits, and health status. Some participants also noted affects that were not measured such as physical activity participation from spouses and/or significant others. This study results showed that motivational health promotion techniques had a positive impact on health employees, but may have had a positive impact on health care for both the employer and employee, as many employees noted an increase in work productivity and a decrease in work absenteeism as their health improved, which indirectly causes financial gains for the employer (Haines et al., 2007).

There were limitations to this study. Participants were self-selected, and researchers believed that because this program started during the summer, that may be why more persons opted to participate. BMI is not 100% accurate in determining overweight/obesity status. It was noted that not all participants rested 5 minutes prior to having their blood pressure taken or fasted prior to their blood test. In addition, only one blood pressure reading was taken and recorded instead of taking 3 and recording the median reading. This study should be replicated with larger samples and a more diverse sample to include more men, ethnicities, and socio economic backgrounds. This study should also include hands on training for pedometer use, as many cited issues using the instrument (Haines et al., 2007).

Much like this program is beneficial to faculty and staff at this university in the northwest, this is something that could be adaptable for many colleges and universities and promoted to student affairs professionals. Programs such as this not only encourage healthy behaviors, but also promote a healthy lifestyle that could potentially affect other co-workers and colleagues, and students in addition to significant others/spouses. Individual offices and departments should educate staff of on campus resources that promote physical activity and engage healthy lifestyles and could possibly integrate this into professional development series.



Exercise helps to regulate the somatic response to stress, as exercise allows the body to practice handling stress. Not only does physical exercise increase strength, but also exercise increases blood flow to the brain and can affect mood. Also, exercise is noted for providing a safe social support for persons who are depressed. Exercise also aids in developing self-esteem, identity, and proficiency. Examples of exercise that aids in health are: tennis, dancing, swimming, running, intense walking, jump rope, cycling, jogging, basketball, and football; any exercise that consistent and vigorous leads to improvements in health. In addition the researchers note research that inadequate muscular movement can lead to musculoskeletal disorders (Akande, Wyk, & Osagie, 2000).

Musculoskeletal disorders (MSD) are not only harmful to the individual, but to the organization as well. This debilitating condition causes pain in the lower back and arms as well as the upper body (arms, elbows, hands, and wrists). MSD is also one of the reasons why employees retire early and receive disability. As a result of MSD over 11 million working days are lost as a result of employees calling in sick (Sprigg, Stride, Wall, Holman, & Smith, 2007). It is a misconception that physical demands cause MSD, especially with respect to factory, nursing, and construction jobs. However, MSD is common among office employees. Sprigg et al., (2007) cited a European study that concluded that out of the 2,000 office staff were studied, nearly two thirds suffered from back, neck, or limb pain. Office work can be demanding and can tie employees to their workstations (Sprigg et al., 2007).

This is especially true of employees that work in call centers (Sprigg et al., 2007). These employees are consistently at their desks and as soon as they have finished with one call, another call must be made or received. In addition, individuals sit for long periods of time without rest or break. Call center employees consistently use their keyboards to enter data, which

can lead to overuse. Sprigg et al. (2007) hypothesized that autonomy is negatively related to MSDs of the upper body, lower back, arms, and extremities and work load is positively related to MSD (Sprigg et al., 2007).

To test these hypotheses, Sprigg et al. (2007) used 1,140 participants from 22 different call centers in the United Kingdom. Of the sample, 81% were front line call handlers, and the rest had other roles. Forty percent of the sample was under the age of 30. In addition 26% of the sample was male, while 74% were female. Thirty-eight percent of the sample had less than a year of experience. The participants answered questions regarding workload, autonomy, and physiological strain. Workload items were from Mullarky, Jackson, and Parker (1995). There were five items that required an answer on a five point Likert scale. There were four questions regarding autonomy were based on Jackson, Wall, Martin and Davids (1993) that were also on a 5 point Likert scale. Psychological strain items were adopted from Warr (1990) and were measured on a 5 point Likert scale. Lastly, the participants completed the Health and Safety Executive version of the Nordic Musculoskeletal Questionnaire (Dickerson, et al., 1992).

To test the hypothesis, logistic regressions were used, which examined the two work characteristics together with each MSD outcome. For each case, work characteristics statistically significantly improved the model's fit supporting the hypothesis, but not in regards to autonomy. Employees who worked at call centers were more likely to report MSD in the arms, upper body, and lower back if they perceived their workload to be heavy. In order to mitigate this sickness, workload among employees should be examined. Other things that can assist employees with respect to workload is to adjust their work stations to fit their physical needs (i.e. desk height, computer screens, keyboards, adequate chairs). Employers should encourage employees to do make these adjustments early to prevent body aches and pains (Sprigg et al., 2007).

Although this study is important to physical health at work, there are limitations. This study was self-reported and cross-sectional, as the participants rated criterion and predictor variables with the same test instrument. In addition, persons who experience more pain may be cognizant of their physical discomfort and pain. The strengths to this research is that it was conducted on a large number of employees, and this study is one of the few that analyses strain, MSD and work characteristics in the same study (Sprigg et al., 2007).

Much like call center employees experience heavy workloads because they spend so much time at their desks that can lead to MSD, so can student affairs professionals. Although these positions are student focused, many professionals have heavy administrative responsibilities as well including responding to e-mails, writing reports and creating presentations. Because of this, student affairs professionals can be in the office on the computer for prolonged periods, as many may opt to stay after work to complete tasks that were not completed during the workday. Much like it can be difficult to manage workload effectively, the same exists for residence life professionals as there are many high work load periods such the opening and closing of the halls, as well as large scale programming efforts, and unpredictable crises that may arise that cause professionals to be at their computers reading, updating, and sending messages, as well as making necessary phone calls.

### **The Coping Self**

There is a consensus in counselor education that counselor wellness is directly related to counselor competence and client outcomes. The same might also be assumed for persons working in student affairs. Professionals in student affairs cannot provide optimal service to students, staff, faculty, and other stakeholders if there is health impairment (Wolf, Thompson, & Smith-Adcock, 2012). Professionals must have coping skills to deal with the everyday pressures

of life. One aspect of coping is self-esteem. Witmer and Sweeney (1992) cited research that noted that self-esteem as the most influencing factor that affects behavior and growth. This includes accepting areas of improvement without being upset.

Many individuals may opt to truncate their 'career self' from their 'non-career' self during identity formations. Professionals who engage in dual identify of self assume that this will help them cope to the difficulties that may arise at work. As a result, these professionals may consistently look forward to Friday evenings, and on Sunday evening are dreading the workweek. Professionals who consistently have these thoughts accept the unsatisfying conditions of their jobs, but instead focus on security, money, and time away from the office (Dorn, 1992).

Persons who engage in this type of behavior assume there is little intersection between functional levels outside of work and emotional lows experienced at work. As a result, continuous attempts are made to create two different identities; however, there are detrimental effects that are emotionally, physically, and spiritually debilitating with this type of coping. Western culture places emphasis to on having jobs that are well paid and offer job security; there is little attention given to pursuing an occupation that considers job satisfaction and individual interest. Therefore, occupational issues hinder all other aspects of wellness (Dorn, 1992).

Self-esteem is also positively correlated with mental and physical health. Witmer and Sweeney (1992) found research by the California Department of Mental Health (1979) that determined that persons with higher self-esteem report better mental and physical health. Persons who reported low self-esteem also noted depression, irregular sleep patterns, and physical illness; in addition persons with low self-esteem noted more problems with self, unhappiness at home, emotional issues, and financial problems (Sweeney & Witmer, 1992).

Because occupational stress can have hazardous effects on human functioning, Thomas, Britt, Odle-Dusseau, and Bliese (2011) stressed the importance of resilience. *Resilience* is, “the ability for individuals to quickly ‘bounce back’ to normal functioning following stressful events or the capacity to sustain or recover well-being when faced with adversity,” (Thomas et al., 2011, p. 866). Thomas et al. (2011) cited studies that deem dispositional optimism a firm personality trait that exhibits a positive outlook on the future (Scheier & Carver, 1992). There are also studies to support dispositional optimism’s positive correlation with faster healing with respects to illness/injury (Carver, Lehman, & Antoni, 2003), higher well-being (Scheier & Carver, 1992) that is an overall protective factor against all-cause fatality (Giltay, Geleijnse, Zitman, Hoekstra, & Schouten, 2004). Additionally, persons with high dispositional optimism are better able to directly address concerns, positively deal with the stress, and persevere to achieve goals. Also, dispositional optimism is a predictor of adaptive coping and health functioning (Thomas et al., 2011). Thomas et al. (2011) cited findings that negatively correlate mental, physical, and functional health servicemen and women are exposed to harmful environments (King, King, Bolton, Knight, & Vogt, 2008). There is also research to support that exposure of servicemen and women to combative environments are predictors of mental health issues.

Coping is also related to realistic beliefs. Healthy people have an acute sense of reality, and tend to see things how they are. Dissonance between reality and one’s private logic means that it is more likely it is for one to react to situations and people inappropriately. This can cause disturbances in mood. Mood disturbances do not mean that someone is emotionally sick, but rather they may be living by faulty standards and have unrealistic expectations and have

maladaptive “should/should not,” “do/do not” rules (Sweeney & Witmer, 1991). Effective coping strategies are also related to leisure and recovery activities.

The recovery process allows individual’s functioning to return to prestress levels. It is also the time where physical, mental, and emotional resources are replenished. Recovery allows one to “be temporarily relieved of work demands in order to replenish internal resources,” (Korpela & Kinnunen, 2011, p. 1). During the recovery process, individuals usually engage in activities that are “low level, physical, and social activities,” (p. 1). Recovery occurs during the absence of occupational demand according to the Effort Recovery Model. Employees usually put effort into their work, which can be draining of physical, mental, and/or emotional resources. Recovery starts as soon as the individual stops working depleting resources to complete occupational goals and objectives. Recovery can usually happen when employees are not at work or engaging in similar activities that continue to deplete resources that need to be replenished. If an employee has insufficient recovery time to return to baseline levels, employees will be engaged and energized at work. This results in additional energy and effort to continue reaching occupational goals and objectives. As recovery periods get shorter and less frequent, increased levels of fatigue are present. This can lead to serious health complications (Burke, Cooper, 2008).

Activities that can aid in the recovery process are things like watching TVs/movies, resting after work, and taking a long bath or shower. However, physical activities such as running, jogging, and other physical activities may require effort, but do not necessarily draw on the same resources utilized in most jobs. Korpela and Kinnunen (2011) cited research suggesting that physical exercise reduced the need for recovery and aid in recovery from work (Rook & Zijlstra, 2006; Sonnetag, 2001). The researchers also note that off the job household activities

(such as cooking and cleaning) do not promote recovery (Thayer, Newman, & McClain, 1994). Even at work, engaging in things like “getting fresh air” and moving locations can positively alter a negative mood and raise energy levels. The researchers also note that there is no one best activity that aids in recovery better than another, but the psychological connections that are important to recovery.

There are four types of recovery experiences as professionals recharge from their work: 1) psychological detachment, 2) relaxation, 3) mastery, and 4) control. Psychologically detachment is “disengaging mentally from work during off-job time,” (Korpela & Kinnunen, 2011, p. 3). Disengagement means more than physically not being in the office, but also implies that professionals must not think about their jobs and associated problems. It is important to put distance between events that cause feelings of negativity or stress. Professionals are not psychologically detached if they are cognitively involved with work as during this time, work strain will continue and recovery cannot occur (Korpela & Kinnunen, 2011; Sonnentag, Binnewies, & Mojza, 2008).

Relaxation is “a process characterized by decreased sympathetic activation,” (Sonnentag et al., 2008, p. 675). During the relaxation period, muscles relax and heart rate is decreased. Additionally, relaxation promotes the recovery process by engaging in tasks that have a positive effect. Such examples are going to movies, going for a walk, listening to music, etc. (Korpela & Kinnunen, 2011). Other relaxation techniques included progressive muscle relaxation and deep relaxation exercises (Sonnentag et al., 2008). Mastery was achieved when there are intentional efforts to become proficient in a hobby outside of work. Such activities allow one to learn new skills and develop new abilities. Control refers the ability to choose which activities to pursue and the best way to pursue such activities (Korpela & Kinnunen, 2011).

There is also evidence that shows that time spent in nature positively correlates with life satisfaction. Korpela and Kinnunen (2011) juxtaposed spending time in nature versus other activities to recover from occupational stress. The researchers also examined the relationship between need to recovery (dependent variable) with interaction in nature as recovery activity (independent variable) through the following mediums: recovery experiences, satisfaction with life, and time spend exercising and being outside (Korpela & Kinnunen, 2011).

A participant sample was derived from five organizational sectors including: hotel and catering, travel services, education, business, and telecommunications and marketing. A total of 527 persons completed the sample. Of the sample, 37% were men, and mean age was 42.4. More than half of the sample (77%) identified as married or indicated they were living with a partner; less than half (43%) had at least one child at home. Most (60%) held an academic degree, while 21% obtained a higher vocational diploma, and the remaining had a vocational school education or less. Less than half (47%) worked in the private sector, while the remaining 53% worked in the public sector. More than half (87%) were employed full time and worked an average of 43.3 hours per week (Korpela & Kinnunen, 2011).

The participants first answered questions regarding their off-job activities and self-rated effectiveness of the activities. Participants gauged 12 items of off-job activities that were categorized as: a) work related activities, b) social activities, c) activities in natural environments, d) household activities, e) being outdoors, f) low effort activities, and g) other (open ended). The following statement, “How often do you spend your time on this off-job activity?” was posed on a 4-point rating scale ranging from 1 (never) to 4 (nearly always). After that respondents were asked about the effectiveness of the activity in promoting recovery from occupational stress (Korpela & Kinnunen, 2011).



The Recovery Experience Questionnaire (Sonnentag & Fritz, 2007) was used to measure recovery experience (psychological detachment, relaxation, mastery, and control). A 5-point scale was used to rate the items. One item from a life satisfaction scale was used to measure general life satisfaction. This item included satisfaction about parenting, family life, work, marriage, and free time. Nine items from the Need for Recovery Scale (Sluiter, van der Beek, & Frings-Dresen, 1999) was used to assess time outside of the workday and were rated on a 4-point scale; higher scores on these questions suggest a greater recovery need. Although information about income level was not gathered, the researchers did gather data about education and professional status (Korpela & Kinnunen, 2011).

Results showed that spending time with nature was the second most effective recovery strategy; being outside and exercise were noted as more effective recovery strategies. Exercising and being outside significantly correlates with interacting with nature. Relaxation and life satisfaction are significantly correlated with interacting with nature, while being outside and exercising is only correlated to relaxation (Korpela & Kinnunen, 2011).

Because the professional self and personal self are intertwined, affect at home influences engagement at work. Positive home affection has a positive relationship with work engagement; additionally at home affects predicts affect for the following workday. Additionally, sleep quality is essential to the recovery process as well. Poor sleep can slow the recovery process and self-regulation. Poor sleep coupled with negative events in the morning can result in fatigue and negative activation. Because of this Sonnentag and colleagues (2008) hypothesized the following: 1) psychological detachment from work in the evening is negatively related to morning activation and fatigue, 2) relaxation in the evening hours is positively related to morning positive activation and serenity, 3) mastery experiences during evening hours are

positively related to morning positive activation and serenity, 4) sleep quality is positively related to morning positive activation and 5) sleep quality is negatively related to morning negative activation and fatigue (Sonnentag et al., 2008).

The research conducted by Sonnentag et al. (2008) is a part of a larger study about recovery in the evening hours. The sample was comprised of German and Swiss public service organizations; the final sample size was composed of 166 persons. Most (78%) worked in Germany while the remainder (22%) worked in Switzerland. Of this number, more than half (62.7) identified as female. More than half (67.1%) lived with a partner or spouse, and the average age was 38.64. years. A little less than half (45.7) had children. Almost half of the sample (49.1%) had a university degree, while 48.5% completed at least 2 years of professional training (Sonnentag et al., 2008).

Data was collected with a morning and bedtime survey using a handheld computer. Assessments measuring quality of sleep, sleep duration, and morning affect were answered in the morning and bedtime questions assessed recovery experiences and daily hassles. The Recovery Experience Questionnaire (Sonnetag & Fritz, 2007) was used to assess psychological detachment from work, relaxation, and mastery exercises in the bed using four 5-point Likert items. The Pittsburg Sleep Quality Index (Buysse, Reynolds, Monk, Berman & Kupfer, 1989) was used to assess sleep quality in the morning with one single item on a four point Likert scale. Morning affect used items from the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) and the Profiles of Mood Scales (McNair, Lorr, & Droppelman, 1971). The researchers measured evening hassles and sleep duration as day-level control variables using the measure developed by Bolger, et al., (2003). Additionally, participants were asked each day how many hours the previous night they slept. Person level control variables such as leadership position,

age, gender, and country of data collection were gathered and considered (Sonnentag et al., 2008).

Before using hierarchical linear modeling to test hypothesis, the researchers assessed whether morning affect differed within persons by partitioning the total variance into within- and between-persons variance. This accounted for the 46.7% of the total variance was within persons. For serenity, fatigue, negative activation, the within-person variance was 51.4%, 57.9%, and 84.3% respectively. Hypothesis 1, which predicted a relationship between negative activation and fatigue and lack of detachment was supported. Hypothesis 2 was partially supported as there were relationships between affective outcomes and relaxation, which supported serenity, but not positive activation. Hypothesis 3 was also partially supported as there was a relationship between mastery experiences and affective outcomes, but not serenity. Sleep quality significantly predicted positive morning activation, which support Hypothesis 4 and 5, and was also the strongest predictor for morning affect. Although this is important, further studies should examine whether the findings are still supported with people with high levels of stress.

It is important for residence life professionals to employ recovery experiences from work as well, especially since many entry level professionals live in or the community where they work or live on campus. Leaving the office to go home sometimes is not enough, as many times, professionals' apartments are a few doors down from their offices. Additionally, staff and students also may be aware of where professionals live and may come by to ask for assistance after hours. Professionals must completely disengage in work activities after work in order to recover. This includes checking and responding to e-mails after work and spending leisure time with colleagues and having work related conversation. It may be a good mechanism to even

leave campus to disengage from work after hours. Spending time in nature and exercising can be a good way to detach, but it may be helpful to consider recreational facilities if universities do not provide discounted or free membership for university professionals to the university gym. Entry-level professionals must be intentional about leaving campus to escape student culture to recover for the next day. Even when professionals are out having dinner, or enjoying other leisure activities, he/she may be recognizable by a student/staff member and the student may engage the professional about conversations centered on helping or assistance. Professionals are encouraged to be caring, but to also suggest that the student/staff member visit the staff member the following day during office hours.

### **Altruism**

Auguste Comte invented the word altruism, as derived from the Latin word *alter* (or other) during the 1830s; the term was used to describe the act of caring for others (Morrison & Severino, 2007). Eisenberg, Guthrie, Murphy, Shepard, Cumberland, and Carlo (1999) defined altruism as “voluntary behavior intended to benefit another—that is, behavior motivated by concern for others (sympathy) or by internalized values, goals, and rewards rather than by the expectation of concrete or social rewards, or the desire to avoid punishment or sanctions,” (p. 1360). Robinson and Curry (2005) further posit, “altruism is the purest form of caring—selfless and non-contingent upon reward—and thus a predecessor of pro-social cognitions and behaviors,” (p.2). Regardless of definition, altruistic behaviors focus on the needs of others and not self (Robinson & Curry, 2005; Van Emmerick, Jawahar, & Stone, 2005). Regardless of definition of altruism, common elements of the definitions are: 1) focus on well-being of others, 2) no expectation of external or reciprocal award, 3) has an element of cost (sometimes self-sacrifice) of the person performing the act, and 4) deliberate and autonomous (Milenkovic & Sakotic, 1997). Altruistic

behaviors have been linked to helping behaviors. Van Emmerick and colleagues (2005) cited research (Farmer & Fedor, 2001; Penner & Finkelstein, 1998; Wilson & Musick, 1997) noting that employees want “to help others,” (p. 94) and other altruistic reasons for providing assistance (2005).

Research in altruism was sparse until the 1970s. At that time, studies in altruism catapulted as a result of the murder of Kitty Genovese; she was stabbed to death in front of 38 people, none who stepped in to save her. Questions about why some individuals become bystanders who do not assist others and why some individuals become caring and altruistic in dangerous situations spurred research in human behavior sciences. As a result, three formal altruistic schools of thought developed (Curry, Smith, & Robinson, 2009).

### **Biological Altruism**

Early studies about altruism have been rooted in biology. One of the earlier theories relates to close kin and offspring. Survival and procreation of genes to the next generation is one of the tenants of Neo-Darwinian evolution. Parents often show altruistic behaviors towards their children; this enhances chances for survival, which ensures that parental genes are passed on to future generations. In addition, close relatives also carry family genes and altruistic behavior is still beneficial as it allows genes to survive for future generations. This is known as kin selection; it is important to note that kin selection is about the survival of genes and not persons carrying the genes (Hansson & Stuart, 1992).

Humans are not the only ones who engage in altruistic behaviors as animals exhibit behaviors that assist other animals. One of the most popular altruistic behaviors in which animals engage is *allogrooming*. This immediate assistance seeks to remove ectoparasites and serves to relieve tension to animals. When the groomer engages in allogrooming, he/she is not able to

watch for predators or engage in leisure activities, thus giving selflessly to benefit another animal. Schino and Aureli (2010) sought to use quantitative measures to compare the roles of reciprocity and kinship in determining how animals distribute altruistic behaviors among group members (Schino & Aureli).

In terms of a participant sample, sexually mature female primates were primarily considered. The final database was comprised of 25 social groups that belonged to 9 genera and 14 species. Social groups had to include at least 4 adult females. Maternal kinships relationships were derived from original papers from existing data. Genetic analysis provided kinship information for one of the groups, in three groups dyads were simply noted as ‘related’ or ‘unrelated.’ For the remainder of the groups demographic information was provided (Schino & Aureli, 2010).

With respect to data analysis, first the grooming given and received by each group member to/from other group members and their kinship was entered. Bivariate correlations between grooming given and received was derived; then semi-partial correlation coefficients between kinship and grooming given (controlling for grooming received) and grooming given and received (controlling for kinship). Next, there was a focus on participant mean score; also, within subject correlations were used to estimate the relationship between the independent and dependent variables. This eliminated interindividual differences within the sample (Schino & Aureli, 2010).

Meta-analysis was used to determine the effect of kinship on grooming and grooming received without removing the other variable. Results noted that grooming given was statistically correlated with kinship ( $r=.493$ , 95% confidence interval:  $.377-.594$ ,  $z=7.354$ ,  $N=25$ ,  $P<.0001$ ). Similarly, grooming given was statistically correlated with grooming received ( $r=.709$ , 95%

confidence interval: .584-.801,  $z=7.989$ ,  $N=25$ ,  $P<.0001$ ). However, kinship and grooming received were not drastically different. Next, meta-analysis based on semi-partial correlations between kinship and grooming (while controlling for the effect of the other variable) and grooming received and grooming given was explored. After controlling for kinships, reciprocity explained about 20% of the variance in grooming effects. The researchers found that reciprocity plays a larger role than kinship when explaining how primates groom among members. However, there are limitations to this study; the data did not allow the researchers to test the role of generalized reciprocity and group selection. The researchers also had to restrict analysis to exchanges of grooming for grooming, which likely underestimated the role of reciprocity. Animals are cognitively limited, which also makes reciprocation difficult (Schino & Aureli, 2010). All in all, this study does give some indication that of scientific evidence of the basis altruism as biological in nature.

### **Social Learning Theory and Altruism**

Social learning theories posited that behavior results from situational and environmental factors. The term social maintains that “learning involves participation by other human beings who provide the conditions,” (Sharabany & Bar-Tal, 1982, p. 60). This approach is appropriate pending conditions for learning are provided (Sharabany & Bar-Tal). In social psychology, *altruism* is defined as “an ‘other oriented’ motivational state or behavior with the primary goal of increasing or benefiting another’s well-being,” (Burks, Youll, & Durtschi, 2012, p. 395). Altruism also denotes helping or prosocial behaviors that focus on assisting others. *Empathy* is defined as “the capacity to a) be affected by and share the emotional state of another, b) assess the reasons for the other’s state, and c) identify with the other adopting his or her perspective,” (Burks et al., 2012, p. 396).

Altruism through a social learning lens maintains that altruistic caring is learning through modeling and social interactions (Bandura, 1977; Konenci & Ebbensen, 1975). Primary caregivers and other adults model caring behavior to children and children in turn model the behavior that they see. If caregivers only discuss caring behavior, but do not model it, children may not model such behaviors. Schools serve as the most opportune environment for children to develop altruistically (Rushton, 1992); additionally, Robinson and Curry (2006) suggest the following as ways a school can serve as an altruistic environment for children: 1) define and increase altruistic practices as norms at school for student behavior, 2) increase empathy at school, 3) assist and encourage children and other entities to develop and maintain values about caring and helping, 4) provide in class opportunities to model appropriate behavior. Altruistic caring

Batson and colleagues (1987) also found research done by Cialdini, Darby, and Vincent (1973) noting that adults are more helpful when they are in a bad mood; they further argued that in order to reduce negative feelings, helping is self-rewarding for adults. According to Cialdini and Kenrick (1976), high school students who were in a depressed mood donated more than elementary school children with similar feelings. The researchers argued that this is because at the elementary school level, helping is not a self-rewarding process (Batson et al., 1987).

One of the tenets of social learning theories is prosocial behavior. Prosocial behaviors “consist of wide range cooperative, helpful, and supportive actions that are focused on benefiting others,” (Laible, McGinley, Carlo, Augustine, 2013, p. 2). Batson, Fultz, Schoenrade, and Padunano (1987) posited that rewards, which propel prosocial behaviors that serve as a stimulant; rewards can be social (social norms, status, etc.) or material in nature as noted by



existing research. Batson et al. (1987) noted over time internal prosocial values will arise which aids in morality development.

Burke et al. (2012) sought to examine the relationship between empathy and altruism; specifically, the researchers hypothesized that there was a statistically significant relationship between altruism and empathy in addition to altruism and desirability. This research is a replication of earlier research by Ruston, Chrisjohn, and Fekken (1980) in order to increase empirical soundness of research within the current context. The researchers utilized a sample of 112 undergraduate psychology students. Of the sample there were 76 females and 36 males. The mean age of the participant was 20 years of age (Burks et al., 2012).

The Self-Report Altruism Scale was used to measure altruism (Rusthton, Chrisjohn, & Fekken, 1981). This 20-item measure asked questions regarding helping acts and participants rated the items using a 5 point Likert scale. The Balanced Emotional Empathy Scale (Mehrabian, 1996) was used to measure empathy. There were 30 items asked and participants rated them on a 9 point scale (Burks et al., 2012). Results were analyzed using nonparametric Spearman's rho correlation. The findings noted a significant correlation between altruism and empathy; in addition there was a small-to-medium effect of empathy on altruism. There were no associations between altruism and desirability or empathy and desirability. Limitations to this study include sample, as only undergrad psychology students were utilized; their relationship to other populations is unknown; in addition, all the instruments were self-reported (Burks et al., 2012).

While the sample size is small and this research replicated on undergraduate psychology university students, the findings are important for professionals working in student affairs, particularly residential life. Residence life professionals often cite that they come into the profession because they want to help others; professionals provide help in many ways: staying at

work after hours to listen to an upset student/staff member, volunteering to work extra work related events outside of typical work hours, and/or assisting to help with a crises outside of being on call. Empathetic attitudes and altruistic behaviors allow professionals to provide such a superb level of care and concern to students, staff, and parents.

### **Cognitive Learning Theory and Altruism**

The cognitive developmental approach with respect to altruism emphasizes the mental facets that determine why people help others. This approach moves from the illogical, selfish-hedonistic, and egocentric to being moral, logical, and empathetic. Cognitive approaches to altruism deem this as an age developing characteristic due to intentions behind helping. It is also hypothesized that as people develop cognitive processes such as problem-solving, reasoning, decision making, thinking, and perspective taking, they are more likely to develop altruistic tendencies, empathy and compassion for others (Sharabany & Bar-Tal, 1982).

As children develop into adolescents, their cognitive skills grow. Researchers deemed that the development of empathy promotes the development of prosocial behaviors. McMahon, Wernsman, and Parnes (2006) deem that empathy has components such as “the ability to recognize, take the perspective of, and respond to another’s emotions,” (McMahon et al., 2006, p. 135). The researchers noted existing research on these two constructs linked prosocial behaviors and empathy (McMahon et al., 2006).

McMahon and colleagues (2013) used an ANCOVA research design to assess the impact of gender and empathy on prosocial behaviors among African American adolescents. The sample was derived from two elementary schools. The majority of the students (97.8) were from low income families. The sample consisted of 150 students who identified as African American;

grades 5 through 8 were represented; 45 were 8<sup>th</sup> grade, 40 were 7<sup>th</sup> grade, 54 were sixth grade and 11 were 5<sup>th</sup> grade. Additionally, 36% were male and 64% female (McMahon et al., 2006).

To measure prosocial behaviors, teachers filled out the Teacher Checklist of Social Behavior on each child that he/she taught (Coie, Terry, Underwood, Dodge, 1990). Responses were on a 1-7 scale and included items about positive behaviors that assisted others. Students completed the Teen Conflict Survey created by Bosworth and Espelage, (1995). This instrument consisted of five questions on a 1 to 5 scale that assessed emotional response to other, listening ability, and care for others (McMahon et al, 2003).

Using an ANCOVA to analyze data, gender and empathy were predictors of prosocial behaviors as reported by teachers; grade level was a covariate. Significant results emerged as the overall model was significant. Older students in the sample were rated as having more prosocial behavior than younger students; 7<sup>th</sup> and 8<sup>th</sup> graders had exhibited more prosocial behaviors than 5<sup>th</sup> and 6<sup>th</sup> graders. Gender also played a significant role in prosocial behaviors as teachers rated male students as having more prosocial behaviors than their female counterparts; students who also rated themselves as having more prosocial behaviors were also likely to be viewed in similar terms by their teacher. These results suggest that students who report more empathy also exhibit more prosocial behaviors. This study also suggests that empathy aids in the profession of prosocial behaviors; in addition, such behaviors tend to increase with age (McMahon et al., 2006).

Although this study was only done with African American adolescents, the researchers cited that most of the research done with both empathy and prosocial behaviors was conducted with young adults and young children (Roberts & Strayer, 1996; Eisenberg, Miller, Shell, et al., 1991), although a few studies have been done with adolescents. The researcher further noted that

differences in gender with respect to prosocial behaviors have been done with Caucasian samples. It is also interesting to note that in previous studies with Caucasian youth, higher rates of prosocial behavior were with females (Roberts & Strayer, 1996; Eisenberg, Miller, Shell, et al., 1991). The researcher denoted the culture may impact this or if this is impacted by ratio to female/male students, classroom and teacher dynamics, or developmental differences. Teacher reports of student prosocial behaviors of men and women may also be impacted by these differences. The researchers also note that the cross-sectional design and one-dimensional measures as limits to their study (McMahon et al., 2006).

Altruistic attitudes are popular among the elderly and previous research suggests a link between helping behaviors and altruism. Research also suggested that altruistic attitudes boosts and maintains mental health. Additionally, prosocial behaviors are common among the elderly and aid in psychological health. People who are psychologically well typically experience low levels of negative emotions coupled with high levels of positive emotions (Kahana, Bhatta, Lovegreen, Kahana, Midlarksy, 2013).

Life satisfaction and life valuation are propelled by altruistic attitudes. In addition, helping behaviors assist in positive life outcomes. Such behaviors nurture self-efficacy and altruism, propelling psychological well-being throughout the lifespan. Kahana et al. (2013) posited that informal helping, volunteering, and altruistic attitudes at earlier points in time improve life satisfaction, enhance positive affective state, and decrease depressive symptomology later in life and negative affective states (Kahana et al., 2013).

This research is a part of a longitudinal study; data was utilized from 2 waves of panel study with three years between each wave. Data from this sample was derived from a large retirement community from the West Coast of Florida; participants lived in a residential setting,

and most lived in one-bedroom condos in three story buildings without elevators. Participants had to meet the following criteria: at least 72 years at baseline, reside in Florida at least 9 months of the year, and reported that they were “sufficiently healthy” to complete a 90 minute face to face interview (Kahana, et al., 2013). Trained interviewers completed interviews of 1,000 participants after informed consent was obtained. The interview was 60-90 minutes. The initial response rate was 77.3%. Reasons for attrition included death, loss of interest in study, and moving with no forwarding address. The total number of participants that were interviewed at both waves is 585; all of the participants identified as Caucasian (Kahana et al., 2013).

Of the sample, 47.2% of the sample was married, 46.5% were widowed, and 6.3 were divorced, separated, or never married. Additionally, 51.4% of the sample lived alone, while 2.5% lived with other relatives, and 1.3 % lived with non family. Most of the sample was female (66%). With respect to religion, nearly half attended church every week; 69% identified as Protestant, 20% were Catholic, 6% identified as Jewish, and 5% identified as unaffiliated or other. Educationally, 27.7% were high school graduates, 12.9% had less than a high school diploma, and the rest had some college training. More half of the sample were retired (80.3%), while 16.6% never worked for pay, and 3.1% had part time employment (Kahana, et al., 2013)

The dependent variables were four psychological outcomes: positive affect, negative affect, life satisfaction, and depressive symptomatology and were assessed at Wave 2 and 5. Positive and negative affect were measured using the PANAS scale (Watson, Clark, & Tellegen, 1988). The PANAS consists of ten words that describe different emotions; five words describe positive emotions and five words describe negative emotions. Using a 5 point scale, participants note the extent to which they felt the listed emotions over the past year. The Satisfaction with Life Scale (Diener, Emmons, & Griffin, 1985) was used to measure life satisfaction. Using a 5

point Likert scale, participants rated how they agreed with five statements. Lastly, the participants took the 10-items short version of the Center for Epidemiological Studies Depression Scale (Andresen, Malmgren, Carter, & Patrick, 1994). The participants rated items on a 1-4 scale that asked about the frequency of specific emotions (Kahana et al., 2013).

Independent variables were chosen based on the researchers' desire to examine influential markers of prosocial behaviors that were both attitudinal and behavioral. To measure altruistic attitudes, the Elderly Care Research Center Altruism Scale was developed by the researchers. Additionally, the participants answered on a 4 point scale the degree to which they agreed with each statement. The researchers measured frequency of volunteering by asking respondents the amount of time they spent volunteering each week. Informal helping was measured by asking respondents how much support each participant rendered to neighbors over the past year. Example of such behaviors included: running errands, shopping, and assisting others with transportation. Control variables included chronic illness as measured by the Older Americans Resource Study Illness Index (George, & Fillenbaum, 1985), functional limitation as measured by the Older American Resources activities of daily living (Fillenbaum, 1988), driving status, and demographics characteristics (Kahana et al., 2013).

Data was analyzed using ordinal logistic regression; it was best suited to the data as it does not assume equivalence of data between any two points on a given scale. This is necessary in order to meet the assumption of multiple linear regression. Analysis of the data depicted that altruistic attitudes, informal helping, and volunteering are statistically significant in predicting positive affect; the same also holds true when demographics and health related resources are controlled. In addition, life satisfaction is also positively influenced by altruistic attitudes, volunteering, and informal helping. Additionally when controlling for health related resources

and demographics, the results are still significant. The abovementioned prosocial behaviors do not significantly produce negative effect. With respect to depressive symptoms, higher depressive levels of depressive symptoms, being female, and having greater limitations predict higher levels of depression (Kahana et al., 2013).

One limitation to the study is that the sample was limited to the participants who lived in a retirement community; additionally the sample was limited to the Sunbelt of Florida, where people may be tempted to retire and live in communities specific to age. Additionally, the sample was not diverse, as all participants identified as Caucasian. The findings are not generalizable to older adults in general (Kahana et al., 2013).

Although this study was done with older adults, results are important to student affairs professionals. Professionals can engage in prosocial and helping behaviors that can be beneficial later in life. These behaviors can be nurtured at work, but can span outside of the workplace. Student affairs professionals often work closely with those in and across departments; networks are often formed and as a result colleagues often become friends. Examples of prosocial behaviors may include going with a colleague to help shop for a program or event, providing support when a colleague is having difficulty with a staff member or student, or just providing a listening ear when a colleague is struggling with a personal and/or professional matter. These duties, although not part of the job, are still acts of giving beneficial to the other party. If these behaviors continue, the benefits are long term and positive.

### **Altruism and the Helping Professions**

Helping behaviors exist within the workplace; typically these behaviors are voluntary and aid in the efficiency of an organization; they are typically not included in job expectations and descriptions. Helping behaviors in the workplace are referred to as “*organizational citizenship*

*behaviors*” and are defined as “the individual contributions in the workplace that go beyond role requirements and contractually rewarded job achievements,” (Van Emmerik, Jawahar, & Stone, 2005, p. 94). Examples of such behaviors are meeting workplace expectations, adhering to policies irrespective of personal annoyance, fulfilling extra-job activities, and helping colleagues. Engaging in such behaviors depict altruism; however, the overextension of help can be detrimental which can lead to burnout among employees (Van Emmerik et al., 2005).

Organizational citizenship behaviors are not explicitly rewarded by organizations; often, employees simply go about their daily work without recognition for their efforts. In general, there are five dimensions of organizational citizenship behaviors: a) civic virtue, b) courtesy, c) sportsmanship, d) conscientiousness, and e) altruism. *Civic virtue* refers to participation in the political processes or by making suggestions for improvement; *courtesies* are preventative measures to a problems and concerns. *Sportsmanship* refers to the personal sacrifices made to keep a positive attitude regardless of personal values or inconvenience. *Conscientiousness* may be defined as exceeding punctuality and attendance, rules, and expectations. It also refers to the conservation of resources by not taking extra breaks and adhering to company policies even when no one is around. *Altruism* consists of voluntary helping behaviors such as assisting a co-worker with a situation or difficult issue even when it is not part of one’s work responsibilities (Gilbert, Laschinger, & Leiter, 2010).

Although extrarole behaviors (i.e. organizational citizenship behaviors) are not explicitly rewarded by an organization, these behaviors aid in the productivity of an organization. With respect to organizational citizenship behaviors, *task performance* refers to “direct or indirect behavior relevant to an organization’s core technology and is close to the traditional concept of job performance,” (Chiu & Tsai, 2006, p. 518). *Contextual performance* behaviors are the things



that “support the organizational, social, and psychological environment needed during the operating of core technologies,” (Chiu & Tsai, 2006, p. 518). There has been research that supports that task performance is negatively impacted by burnout (Halbesleben & Buckley, 2004). However, there has been little research on the relationship between organizational citizenship behaviors with respect to contextual performance and burnout (Chiu & Tsai, 2006).

Burnout often manifests where there is frequent contact with people. Service personnel are needed to meet the needs of internal and external customers; it is also an underlying expectation to be proactive when working with employees and engage in altruistic behaviors to assist others, which promotes good business. This is especially true for service personnel in restaurants and hotels. Van Emmerick and colleagues (2005) conducted research to detail the correlation between the burnout dimensions, altruism, and engagement in organizational citizenship behaviors. The researchers hypothesized that there was a positive association between organizational citizenship and altruism. The researchers also hypothesized that the burnout dimension (emotional exhaustion, depersonalization, and reduced personal accomplishment) are negatively correlated to OCB (Van Emmerick et al., 2005).

The sample consisted of 178 employees from three organizations: the city council (n=35), university (n=48), and the bank (n=95). Of the sample 77 were female and 101 were male. The average age was 38.33 years and the on average the participants worked 34.4 hours per week. Organizational citizenship behavior was measured using 6 statements from Van Dyne et al., (1994) and Organ and Konovsky (1989). Seven items from the Survey of Interpersonal values of Gordon (1976) was used to assess altruism. Burnout was measured using the Dutch version of the MBI General Survey called ‘The Utrecht Burnout Scale’ (Schaufeli & van Dierendonck, 2001). All items measuring burnout were assessed on a 7-point scale. Five items

were used to measure emotional exhaustion. Reduced personal accomplishment was measured using four items. Altruism and burnout served as independent variables in the research. Other variables that were considered and coded were level of education and gender and included in the analysis of the data (Van Emmerick et al., 2005).

Regression analysis was used to interpret the data. In addition, engagement was predicted with respect to organizational citizenship behavior by entering burnout dimensions. Emotional exhaustion and reduced personal accomplishment were negatively correlated with organizational citizenship behavior; there were moderate correlations between depersonalization and emotional exhaustion, while there were weak correlations between the first two dimensions of burnout and reduced personal accomplishment. Altruism was positively correlated with organizational citizenship behavior; however, emotional exhaustion and depersonalization were unrelated to engagement after controlling for educational level, altruism, and gender. Using univariate analysis, there was support for emotional exhaustion being negatively related to engagement in organizational citizenship behavior; there was no statistically significant relationship between depersonalization and organizational citizenship behavior, and at the univariate and multivariate level, there is a relationship between reduced personal accomplishment and organization citizen behaviors; the researcher did not note whether the relationship was positive or negative (Van Emmerik et al., 2005).

Student affairs professionals may find themselves doing tasks outside of their scope of duty to help other colleagues, students, parents, and administrators. For example, during the interview process of new candidates, existing personnel may volunteer to pick up the candidate using their personal vehicle and candidates may fly in early before the work day starts or long after the work day has ended. In addition, candidates may attend a preliminary interview dinner

and campus/city tour when they arrive, which may be after work hours. In addition, personnel may go out the way to serve as mentors to newer professionals and help them learn the ropes of the profession and serve as resource for them, all while completing work related tasks.

It is easy for professionals to say they entered their career field to provide assistance to others. In fact, when college students are asked about important tenants of their career, many contend that making societal contributions is most important. Much of the research about altruism has been conducted with studies centering around volunteerism (Duffy & Raque-Bogdan, 2010). Positive relationships exist between volunteerism and mental health; other factors that include increased self-esteem, morale, and dependency (Midlarsky & Kahana, 1994, and fewer symptoms of depression and anxiety, (Hunter & Linn, 1981).

Lubove (1965) concluded that those in the helping professions are “professional altruists,” (p.5) and Byrne (2008) contended that altruism is a factor for persons choosing to enter the helping profession. Byrne (2008) further conducted research to determine if altruistic levels varied between gender and program of study and found that irrespective of career path and gender, there was no difference between males and females. Byrne’s (2008) follow up study explored reasons men and women pursued a career in the helping profession and many women noted they wanted to help individuals, while men cited they wanted to positively contribute to society (Byrne, 2008).

There is research conducted with bank officials, university employees, and the city council that hypothesized that suggest that professionals who are more altruistic had lower levels of emotional exhaustion (Van Emmerick et al., 2005). Research done by Ngai and Cheung (2009) studied undergraduate students studying social work found a negative relationship to exist between altruism and burnout. Limberg’s (2013) dissertation examined school counselors’ level

of altruism to their degree of burnout and found a negative relationship between emotional exhaustion and counselor altruism (Limberg, 2013). Limberg's (2013) study further found a positive relationship between altruism and personal accomplishment. Although Limberg (2013) found a negative relationship between altruism and burnout dimensions, this researcher is hypothesizing that there will be a positive relationship between dimensions of burnout and altruism for residence life professionals.

### **Chapter Summary**

Chapter Two provided an overview that provides the framework for the current study. Specifically the definition of burnout and burnout dimensions were discussed along with empirical studies to aid in support for the model. In addition, impairment was discussed along with how this construct relates to burnout. The importance of wellness along empirical support was discussed. Lastly, the definition of altruism, schools of thought, and its relation to the helping profession was explained. Empirical studies were also presented for evaluation; impairment was discussed. There is no research that examines altruism and burnout for student affairs professionals, particularly those that work in residence life. There is little research that examines residence life professionals and wellness outcomes. Although existing research notes a negative relationship between burnout dimensions and altruism, the researcher contends that the opposite will be true for residence life professionals. Therefore, the proposed investigation will address the literature gap and assess burnout dimensions and wellness outcomes in residence life professionals.

## **CHAPTER 3: METHODS**

This chapter is divided into three sections. The first section outlined the study sample, data gathering procedures, instrumentation, analysis plan, data analysis strategies, and research hypothesis. The second section discussed ethical considerations made prior to the research study. The final section of this chapter focused on potential challenges and limitations.

### **Study Sample**

The participant sample for this research was entry level, live-in and live on residence life professionals. An entry level live-in residence life professional is a full time employee that lives in one of the residential communities that he/she oversees; an entry level live on residence life professional is a full time employee that oversees more than one residential area and lives on campus, but may not live in the residences that they oversee. Full-time, live-in and live on residence life professionals are required to have a Bachelor's degree from any degree program. However, more institutions are requiring live-in and live on professionals to have a Master's degree as well. Other qualifications include demonstrated leadership experience that can be in or outside of residential life.

Residence life live-in and live on professional staff go by many positional titles including but not limited to: 1) Residence Life Coordinators (i.e.. Louisiana State University and University of Southern Mississippi), 2) Community Directors (i.e., Tulane University and Clemson University), 3) Residence Directors (i.e., Belmont University and Florida A and M), 4. Hall Director (i.e., Winston Salem State University and Virginia Commonwealth University). Although the titles are different, there are many commonalities with respect to live-in staff positions. Live-in and live on residence life professionals are charged with being responsible for the safety of students as well as the quality of living in a residential community or group of residential communities. Entry level live-in and live on professionals are also responsible for

supervising and providing ongoing training and development for undergraduate staff (Resident Assistant/Advisor) and/or live in graduate assistants.

Based on job descriptions from a variety of universities, other responsibilities of live-in and live on entry level residential professionals include: crisis management, facilities management, emergency response, advising hall government/council, budget management, payroll, adjudicating conduct hearings, and implementing and overseeing curricular efforts in the community to provide academic and social support to students. Live in or live on residence life professionals are also expected to maintain positive relationships with other campus departments. Other campus departments that interface and collaborate with residential life professionals include (but are not limited to): 1) University Police, 2) Dining Services, 3) Campus/Student Life, 4) Sorority and Fraternity Life, 5) Orientation, 6) Freshman Year Experience, 7) Sophomore Year Experience, 8) Admissions, 9) Office of Multicultural Affairs, 10) Disability Services, 11) International Programs, 12) Career Services, and 13) academic departments as appropriate.

Irrespective of position and relationships with various campus partners, it is expected that entry level live in and live on professionals, most of which are twelve month employees, be flexible in terms of time as evening and weekend work is expected in addition to working on holidays, even when the university is closed. Many positions also note that good candidates for their positions will have good interpersonal skills, good critical thinking skills, and effective oral and written communication skills. Technology skills are also important as many positions require using different programs (i.e. Symplicity, Mainframe, BEACON) that house student records. Many positions note that after hours work will be expected. Most entry level positions also have an “other duties as assigned” which are not explicitly explained, but may include things such as:

working with departmental committees or other large scale initiatives, collaborating with campus partners, assisting with training and development of staff, assisting with summer conferences and camps, and other projects that may arise.

For the purposes of this study, residence life professionals were recruited from the SEAHO database. SEAHO is the acronym for the Southeastern Association of Housing Officers. SEAHO is the professional association that advocates and encourages the campus residential experience for college students for housing and residence life professionals in the southeastern part of the United States. Its aim is to help housing professionals meet the needs of their students as well as their academic environments. Membership in SEAHO is not limited to entry level live-in and live on residence life professionals, as the membership is composed of any professional staff person working in housing and residence life. Each individual's title is noted per institution on the SEAHO website ([www.seaho.org](http://www.seaho.org)). It is also important to note that the researcher is currently a member of SEAHO, as the institution the researcher is employed purchased membership for all staff that work in the Department of Residential Life at a university in the southeast.

University housing requires a number of skills in which professions should be competent in order to be successful and make a difference and have come up with knowledge domains to assist professions to meet the needs of their students and their changing environments, and is committed to engaging professionals on the core competencies established. There are also benefits associated with being a member of SEAHO as it provides resources that will allow professionals to develop professionally and personally. SEAHO also provides resources for colleagues to connect nationally and internationally ([www.seaho.org](http://www.seaho.org)).

In this study, professionals who are a part of SEAHO, with up to five years of professional, full time experience will be utilized. The participants also worked at a four-year PWI (predominately white college or institution) in the southeastern part of the United States at the time of data collection. According to the Southeastern Association of Housing Officers (SEAHO, 2013), states in the southeast include: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. For the purpose of this study participants can be employed at either public or private institutions. The authority from a public institution is determined by constitutional agreement, and public institutions are wholly accountable to the state. Private institutions derive their authority from the institution's charter or license (Barr, 2003).

### **Data Gathering**

The researcher contacted Mind Garden in order to get all instruments including demographic questionnaires bound into one survey link. To decrease measurement error, the surveys were reviewed by the dissertation committee to ensure that directions are concise and surveys are easily understood (Dillman et al., 2008). In addition, the researcher asked five colleagues to complete the survey to estimate the time needed to complete the instrument as well as provide feedback about the clarity of the items and the directions. Feedback was taken back to the researcher's dissertation chair and Mind Garden personnel to refine the instrument as necessary. The researcher contacted the Member at Large for the SEAHO (Southeastern Association of Housing Officers) region who was able to e-mail persons in residence life for the following states: Mississippi, Tennessee, Florida, Georgia, Louisiana, North Carolina, South Carolina, Alabama, Kentucky, and Virginia. A copy of the e-mail that was sent out to all housing professionals is located in Appendix B. Data collection was achieved through the surveys that



are administered. In addition to the survey, the participants had to complete a demographic questionnaire. The complete list of questions can be found in the Appendix C.

### **Instrumentation**

The Five Factor Wellness Inventory is designed to help individuals make healthy lifestyle choices. This test produces 17 third order factors, 5 second order factors as well as an overall score of wellness. The 5 second order factors pertinent to the research are: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. The Five Factor Wellness Inventory (Adult) is a self-reporting instrument consisting of 91 self-statement items. The Adult form also asks 7 demographic questions in addition to a Validity Index. This instrument is designed to be administered individually as well as in groups. It takes 10-20 minutes to complete the questionnaire. The questions encourage participants to answer them regarding how they feel most/all of the time; participants are also encouraged to answer questions based on how they would think, act, or behave. After reading each statement, participants can respond by answering the following ways: strongly agree, agree, disagree, or strongly disagree (Lonborg, 2005).

Reliability refers to the instrument consistency. Should participants take the test several times and get similar results, the instrument is deemed to be reliable. Reliability for the five second order factors have been established, and range from .90 to .94 (DeMauro, 2005). The alpha coefficients for the Creative Self range from .79 to .88, for the four scales on the Coping Self from .58 to .91, for the two scales on the Social Self from .92 to .95, for the four scales on the Essential Self .85 to .92, and for the two scales for the Physical Self .87 to .89 (DeMauro, 2005).

Test validity refers to an instrument measuring what it is intended to measure (Hinkle, Wiersma, & Jurs, 2003). Happiness, life satisfaction, and health items were field-tested in terms

of validity to the inventory, and Life Satisfaction was the only factor retained due to its correlation (.38) with wellness. Convergent validity is the degree that two similar constructs are related (Westen & Rosenthal, 2003). DeMauro (2005) cited sources of convergent validity were established between healthy love styles and life tasks by Shurts and Myers (2004) as well as mattering and job satisfaction to life tasks of wellness by Connolly (2000). See Table 3.1 for Subscales of the Five Factor Wellness Inventory.

Table 3.1 Subscales of the Five Factor Wellness Inventory

Essential Self Subscale	Composed of questions that target: gender identity, culture identity, spirituality, and self-care
Creative Self Subscale	Composed of questions that target: positive humor, work, emotions, control, and thinking
Coping Self Subscale	Composed of questions that target: leisure activities, realistic beliefs, managing stress, and self-worth
Social Self Subscale	Composed of questions that target: love and friendship
Physical Self Subscale	Composed of questions that target: nutrition and exercise

The Maslach Burnout Inventory (MBI) is the name for three questionnaires that measure burnout. For the purposes of this study, the researcher will use the MBI Human Services Survey (HSS) (Maslach et al., 2010). This is the most recently developed questionnaire that defines burnout as a “crises in one’s relationship with work, not necessarily a crises in one’s relationship with people at work,” (p. 20 Maslach, Jackson, and Leiter, 2010). The MBI-HSS examines recipients’ work relationship on an engagement burnout continuum; this test examines the performance of work. There are three subscales of the MBI-HSS Survey presented in Table 3.2:

Emotional Exhaustion (EE), Depersonalization (Dp), and Lack of Personal Accomplishment (PA).

Table 3.2 Subscales of the Maslach Burnout Inventory, HSS.

Exhaustion (Ex)	Composed of nine questions that examine feelings of being emotionally drained as a result of work
Depersonalization (Dp)	Composed of five questions that describe unfeeling and apathy towards care, service, and instruction provided
Personal Accomplishment (PA)	Composed of eight questions that describe positive feelings of progress and competence with respect to work tasks.

Together the subscales produce a three-dimensional perspective on engagement or burnout. The MBI-HSS Survey takes no more than ten minutes to complete. The Maslach Burnout Inventory is one of the most frequently used surveys to capture burnout (Kascha et al., 2011). Research suggests that level of burnout vary with cultures, occupations, and professional settings, though no relationship was found with age. The MBI-HSS has also been tested using confirmatory factor analysis. Depersonalization and Emotional Exhaustion were distinct, but highly correlated; in addition, both subscales had higher correlations with measures of psychological and psychological strain. In addition, Personal Accomplishment correlates with control-oriented coping. Studies have examined all items, and they all load exclusively and consistently with the appropriate subscale (Maslach, Jackson, Leiter, 2011).

Chronbach's coefficient alpha measured the internal consistency of the MBI-HSS. In a sample of 1,316 who completed the test, the reliability coefficient scales were as follows: .90 for

Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The test-retest reliability of the MBI-HSS has been conducted on at least five samples. Graduate students studying social welfare and health agency administrators (n=53) took the tests and took the test again in 2 to 4 weeks. The test-retest reliability coefficients for the subscales were: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment (Maslach et al., 2011).

Validity for the MBI-HSS was supported by data that affirms the relationships between burnout dimensions and personal outcomes. Maslach (1976) hypothesized that burnout is correlated with intent to leave. Support for this was found testing 142 police officers (Jackson & Maslach, 1982; Maslach & Jackson, 1979). In addition, the authors note that high burnout subscores were positively correlated with intent to leave in studies of teachers (Jackson, Schwab, & Schuler, 1986 and public contact workers (Maslach & Jackson, 1984).

The Self-Report Altruism Scale (SRA) is a self-report measure that consists of 20 items and is Table 3.3. Participants rate the frequency in which they engage in altruistic behaviors using a 5 point scale: a) Never, b) Once, c) More Than Once, d) Often, and e) Very Often. The questions that are asked on this scale are presented in Table 3.3. Data was collected from two participant samples of students from the University of West Ontario; both samples yielded similar commensurate means, high internal consistency, and standard deviations. If the SRA is validly measuring altruism, then it should correlate with peer rating of altruism. To examine this, 118 undergraduate students at the University of Western Ontario completed the survey. They were also given eight peer rating forms along with stamped envelopes and sent the forms to eight people who knew the respondent well who then were instructed to mail the responses back to the authors. The peer rating form was divided into two parts. Part one asked the respondents to fill

out the SRA with respect to the participant and part two of the questionnaire asked the respondent to rate the participant's level of care, consideration, helpfulness, and willingness to sacrifice. This was rated on a 7 point scale (Rushton, Chrisjohn, & Fekken, 1981).

From the original 118 participants, 968 peer rating forms were distributed with a 45% response rate (yielding an N=416); in addition, 88 participants had at least one survey completed on their behalf. The standard deviation and mean for this sample was similar to those of the other two samples, and the internal consistency of the scales was also found to be high (Rushton et al., 1981). By summing the SRA measures for each respondent, adding the totals, and dividing by the number of respondents gave the researchers a peer rating score. This was also done for the four item global test which showed a measure of interrater reliability for the peer rated SRA scale scores and the peer rated global altruism measure; findings further suggest a degree of consensus among peers. The internal consistency was also extremely high (.89). Further analysis showed reliability in ratings at the item level (Rushton et al., 1981).

Table 3.3 Self-Report Altruism Scale

	Never	Once	More than Once	Often	Very Often
1. I have helped push a stranger's car out of the snow.					
2. I have given directions to a stranger.					
3. I have made change for a stranger.					
4. I have given money to a charity.					
5. I have given money to a stranger who needed it (or asked me for it).					

(Table 3.3 continued)

	Never	Once	More than Once	Often	Very Often
6. I have donated goods or clothes to a charity.					
7. I have done volunteer work for a charity.					
8. I have donated blood.					
9. I have helped carry a stranger's belongings (books, parcels, etc.)					
10. I have delayed an elevator and held the door open for a stranger.					
11. I have allowed someone to go ahead of me in a lineup (at Xerox machine, in the supermarket)					
12. I have given a stranger a lift in my car.					
13. I have pointed out a clerk's error (in a bank, at the supermarket) in undercharging me for an item.					
14. I have let a neighbor whom I didn't know too well borrow an item of some value to me (e.g. a dish, tools, etc.					

(Table 3.3 continued)

	Never	Once	More than Once	Often	Very Often
15. I have bought 'charity' Christmas cards deliberately because I knew it was a good cause.					
16. I have helped a classmate who I did not know that well with a homework assignment when my knowledge was greater than his or hers.					
17. I have before being asked, voluntarily looked after a neighbour's pets or children without being paid for it.					
18. I have offered to help a handicap or elderly stranger who was standing.					
19. I have offered my seat on a bus or train to a stranger who was standing.					
20. I have helped an acquaintance to move households.					

### Research Design

There are two types of quantitative research; experimental research and non-experimental (or correlational research). In experimental studies the researcher is able to manipulate one or

more levels of the independent variable and can randomly assign participants to levels of the independent variable. The research design used in this study is a quantitative correlational design. This type of research is also referred to as non experimental research. With this design, the researcher can define the independent variable, but the researcher does not control the assignment of participants to the variable (Tabachnick & Fidell, 2013). The researcher was interested in how altruism affected engagement at work and impacted overall wellness for entry level, live-in and live on residence life professionals. “Quantitative research is an approach for testing objective theories by examining the relationship among variables. These variables, in turn, can be measured, typically on instruments, so that numbered data can be analyzed using statistical procedures,” (Creswell, 2014, p. 6). Correlational studies determine a relationship between variables and cannot be used to determine cause and effect relationships (Steinberg, 2008).

A correlational or non experimental approach is quite useful in research, especially when there are several variables present; it is also useful to initially explore association between and among variables. Theories can also be tested using correlational research. Another strength of this method is that degrees of association are discovered, rather than the yes/no questions noted by experimental designs with respect to whether a relationship exists. In correlational research data can be collected natural settings and it considers real world complexities (Anderson & Aresenault, 1998).

The type of correlational approach used to answer the research question was linear regression, which is a multivariate statistical procedure used for “studying the relationship a single dependent variable and one or more independent variables,” (Allison, 1999, p.1). It is widely used and accepted technique in the social sciences. Regression has two main uses, it can



be used to predict and can be used to determine cause. In prediction studies, regression is used to make predictions about the dependent variable based on the independent variables; in causal studies, independent variables are determined as causes of the dependent variable, (Allison, 1999). In regression, there relationships between independent and dependent variables can be curvilinear or straight line. In addition the independent variables are not constrained; they can be qualitative or quantitative; they can be correlated with each other or uncorrelated. Any information that could potentially affect the dependent variable can be expressed as an independent variable (Cohen, Cohen, West & Aiken, 2003). Regression is expressed in the following equation:

$$Y' = A + B_1X_1 + B_2X_2 + \dots + B_kX_k$$

Although regression was originally developed for scaled dependent variables, ratio, interval, ordinal, and nominal scaled data can be used. Ratio scaled data have equal intervals between them along with a true zero point, noting the absence of the characteristic. Examples include seconds, pounds, weight, years, and distance. Interval level data have equal distances, but are arbitrarily measured; zero is another point on the scale. Examples of this include temperature, intelligence tests, temperament, achievement, personality, and social attitude. Ordinal data do not have a true zero point or equal distances. An example of this is ranking participants in a sample. Nominal data is classifies (and it also known as categorical data). Data has no natural order and the categories are mutually exclusive. Examples include gender, religion, marital status, and political party (Cohen, Cohen, West & Aiken, 2003). Regression is a popular technique because it promoted theory based analysis, exploratory analysis, variety of techniques, flexible, and its provision of beta weights and effect sizes. The different types of

regression analysis are hierarchical, stepwise, and simultaneous (Hair, Black, Babin, Anderson & Tatham, 2006).

In hierarchical multiple regression, variables are entered in steps. The change in R square (or coefficient of determination) is examined each time a variable is entered. In this analysis, the researcher decides the order in which to enter the variables. The decision to enter in certain variables in a certain order is decided after careful consideration of the problem and as a result of testing a particular hypothesis. It is less likely to commit a Type I error using this technique because fewer steps are used to enter the variables in the equation (Gliner & Morgan, 2009).

In stepwise multiple regression, the computer decides the ordering of the variables and which variables should be used. Stepwise regressions notes much each independent variable contributes to the prediction of the dependent variable. Conceptually, stepwise multiple regression makes sense, but there is caution to using this approach. There is a large probability of making a Type I error due to the potential large number of predictor variables. Additionally, the computer, not the researcher decides which variables should be included in the analysis; lastly, data may not be able to be replicated with another sample because the computer takes advantages of minute differences when entering variables (Gliner & Morgan, 2009).

Simultaneous multiple regression is the most prevalent of the regression techniques. In this method, all predictor variables are entered simultaneously. The effect of each independent variable on the dependent variable is assessed as if it was entered into the equation after all independent variables had been entered. Each independent variable is examined with respect of what it adds to predict the dependent variable, as specified by the regression equation (Mertler & Vanatta, 2001). In this study simultaneous regression was used to answer the research question using surveys. Participants had an opportunity to answer a variety of questions, which in turn

created a large number of variables that could be studied to determine if a relationship exists as well as strength and direction of the relationship (Tabachnick & Fidell, 2013).

Something to consider with respect to using regression to answer the research questions is statistical power. Power “represents the probability that effects that actually exist have a chance of producing statistical significance,” (Tabachnick & Fidell, 2013, p. 11). The following represents a function of power: 1) detected effect size, 2) size of the sample, 3) statistical significance test used, and 4) alpha level controlling Type I error. Typically the alpha level is set at the .05 level (Rossie, Lipsey, & Freeman, 2004). A Type I error (or error of the first kind) occurs when the researcher erroneously rejects a true null hypothesis. A Type II error (or error of the second kind) occurs when the researcher fails to reject a false null hypothesis. The predetermined alpha level (.05) signifies that there is a 5% or less probability of a Type I error (Tabachnick & Fidell, 2013). A Type II error is harder to control; it involves constructing a research design in order for it to have adequate statistical power (Rossie, Lipsey & Freeman, 2004). Sample size influences the power of any statistical procedure; however, when the sample is composed of at least 100 participants, statistical power is adequate (Pallant, 2010). Pallant (2010) cites Tabachnick and Fidell (2007) method for calculating sample size, considering the number of independent variables that are used:  $N > 50 + 8m$  where  $m$  represents the number of independent variables. For purposes of this research there are 3 independent variables so  $N > 50 + 8(3)$ ; the total number of participants needed is 74.

### **Research Analysis Plan**

The first step to the analysis plan was to collect the following information to send to the Institutional Review Board Committee: Informed Consent, certification to work with human participants, Data Security Form, brief project description, and copies of the instruments used in

the research. On December 20, 2013, the researcher was given permission to move forward and conduct the research study. Once permission was obtained the researcher contacted MindGarden and purchased the Maslach Burnout Inventory, HSS Version (Maslach et al., 2011), and the Five Factor Wellness Inventory (Myers et al., 2005). MindGarden agreed to bind the surveys together along with the Self Report Altruism Scale (Rushton et al., 1981), informed consent, and any demographic questions that the researcher wanted to use.

After MindGarden created the survey, the researcher piloted the survey with 5 research participants who fit the criteria. The pilot went out on January 31, 2015 and ended February 3, 2015. In addition to taking the survey, the participants e-mailed the researcher with any suggestions and changes with respect to the survey. The researcher noted that none of the actual survey questions could be changed. Feedback was given to the dissertation chair for approval and to MindGarden for approval and changes. After changes were made the survey was finalized, the researcher sent it to the Member at Large for SEAHO and it was sent out to potential participants. After all data was collected, the researcher read the codebook to code necessary data as assigned values and codes to demographic data.

Data collection started February 13, 2014 and the official end date was April 3, 2014; however, all surveys that were purchased were used by March 28, 2014. After data collection, the researcher closed the survey and downloaded an Excel file of the data from MindGarden. MindGarden allowed completed data to be downloaded, so the researcher was not able to obtain incomplete surveys/data. The data, however, could have contained outliers. An outlier is described as, “an extreme value on one variable (a univariate outlier) or such a strange combination of scores on two or more variables (multivariate outlier) that it distorts statistics, (Tabachnick & Fidell, 2013, p. 72). Outliers are the result of one of the following: 1) incorrect

entry of data, 2) outlier is not from intended population sample, 3) outlier is from intended population, but value is outside the normal distribution, or 4) values codes are missing (Tabachnick & Fidell, 2013).

After outliers were addressed, the researcher explored normality, linearity, and homoscedasticity of residuals. Normality assumed that values will be distributed in such a way that it assembles a normal bell curve. This can be assessed graphically or by using statistical methods. Skewness and kurtosis are the graphical components of normality. Skewness notes the symmetry of the distribution and kurtosis notes how peaked the distribution is. The researcher used graphical methods in SPSS called histograms to note the normality of the data (Tabachnick & Fidell, 2013). Linearity assumed a straight-line relationship between two variables and will be assessed by creating and inspecting scatterplots and P-P plots in SPSS. Homoscedasticity is related to normality; if values meet the assumption of normality, the relationship between values are homoscedastic. The assumption of homoscedasticity notes the variation in scores for one continuous variable is about the same at all variables for another continuous variable (Tabachnick & Fidell, 2013).

The last issue was addressed prior to running the data is multicollinearity and singularity. Multicollinearity exists when two variables are highly correlated or associated with one another. Singularity is a result of redundancy; one variable is the result of at least two other variables. Both multicollinearity and singularity can be debilitating to an analysis. To check for this, the researcher ran collinearity diagnostics in SPSS (Tabachnick & Fidell, 2013). Last, statistical tests were run to answer the research questions.

### **Research Hypotheses**

This study aimed to answer the following questions posed by the researcher:

Research Question One: Is there a statistically significant relationship between altruism (independent variable) as measured by the Self Report Altruism Scale and the Emotional Exhaustion subscale score (dependent variable) of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.

Researcher's Hypothesis: There is a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.

Null Hypothesis: There is not a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.

Research Question Two: Is there a statistically significant relationship between altruism (independent variable) as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score (dependent variable) of the Maslach Burnout Inventory for entry level live-in and live on residence life professionals?

Researcher's Hypothesis: There is a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professionals.

Null Hypothesis: There is not a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the

Depersonalization subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professionals.

Figure 3.1 notes the graphical representation of research questions 1 and 2.

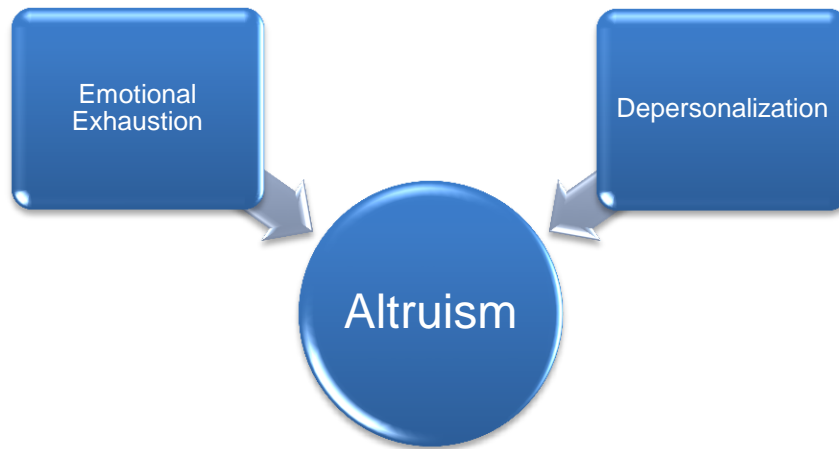


Figure 3.1. Graphical Representation of R1 and R2.

Research Question Three: Is there a statistically significant relationship between emotional exhaustion (independent variable) as measure by the Emotional Exhaustion subscale scores of the Maslach Burnout Inventory and staff's overall wellness (dependent variable) as measured by the composite score on the Five Factor Wellness Inventory for entry level live in and live on Residence Life staff?

Researcher's Hypothesis: There is a statistically significant relationship between emotional exhaustion as measure by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and participants' overall wellness as measured by the composite score on the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff.

Null Hypothesis: There is not a statistically significant relationship between emotional exhaustion as measure by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and participants' overall wellness as measured by the composite score on the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff.

Research Question Four: Is there a statistically significant relationship between emotional exhaustion (independent variable) as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness (dependent variable) as measured by the Physical Self subscale of the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff?

Researcher's Hypothesis: There is a statistically significant relationship between emotional exhaustion as measured by Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale score of the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff.

Null Hypothesis: There is not a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale of the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff.

Figure 3.2 graphically represents research question 3 and 4.

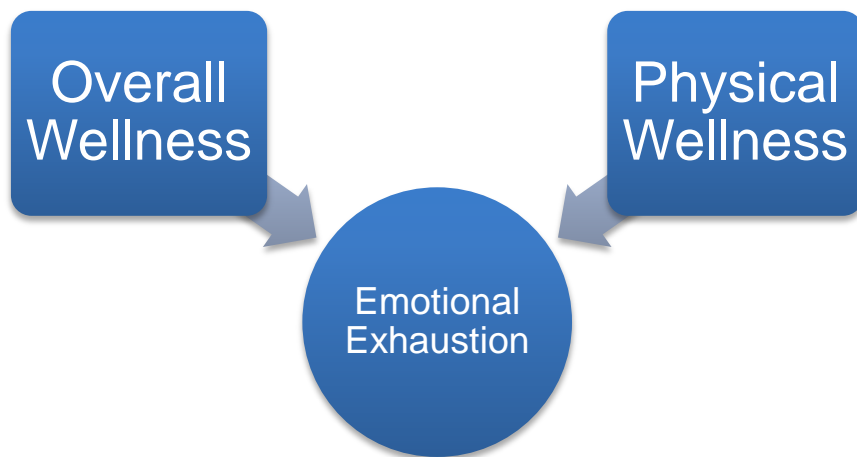


Figure 3.2. Graphical Representation of R3 and R4.



Research Question Five: Is there a statistically significant relationship between social wellness (independent variable) as measured by the Social Self subscale of the Five Factor Wellness Inventory and emotional exhaustion (dependent variable) as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life staff?

Researcher's Hypothesis: There is a statistically significant relationship between the social wellness as measured by the Social Self Subscale of the 5 Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live in and live on Residence Life professional staff?

Null Hypothesis: There is not a statistically significant relationship between social wellness as measured by the Social Self subscale of the Five Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.

Figure 3.3 graphically represents research question 5.



Figure 3.3. Graphical Representation of R5.

### **Ethical Considerations**

Prior to conducting research, the researcher obtained Institutional Review Board (IRB) Approval. The IRB informed research participants of their rights should they choose to participate in this study. Participation was voluntary and participants could cease participation at any part of the study. Participant names remained confidential to the public, as their individual test scores will not be shared. In addition, the participants remained anonymous as no identifying data was reported in the findings. Permission to use the Self Report Altruism Scale was given to the researchers by the authors of the instrument (personal communication, 2013); permission was given to use the other instruments via MindGarden when the researcher purchased the codebook and licenses to use the instruments.

### **Challenges/Limitations**

One challenge of linear regression is the assumption that each independent variable has a linear relationship with the dependent variable. Simple correlation may not determine important relationships that exist (Anderson & Arsenault, 1998). Another challenge is that the technique assumes no interaction among other variables in the equation. If there is interaction between/among any of variables, accurately predicting the dependent variable by adding effects of the independent variable will be impossible. Correlational studies are less robust than true experiments because the researcher cannot control the variables; no cause and effect relationship can be determined and other variables could contribute for the relationships that exist (Anderson & Alternault, 1998). Regression techniques also assume that the independent variables are uncorrelated. If these assumptions are violated the regression coefficients and coefficient of multiple determination are not trustworthy and the technique is less useful (Healey, 2009).

## **Chapter Summary**

The instruments used for this study were as follows: 1) Maslach Burnout Inventory (HSS) (Maslach et al., 2011), 2) Five Factor Wellness Wheel (Myers et al., 2005) and 3) Self Report Altruism scale (Ruston et al., 1980). Reliability and validity for each instrument was reported. Participants, data collection, and hypotheses are outlined in this chapter. The analysis plan is also detailed. The statistical design to be used is simultaneous multiple regression, as well as challenges of using the procedure. Ethical considerations are also presented.

## **CHAPTER 4: RESEARCH FINDINGS**

This chapter presented the findings of this research study; specifically this study indicated if there is a relationship between altruism and the levels of burnout as well as the relationship between levels of burnout and wellness of entry level live in and live on residence life professionals. First, this chapter noted and highlighted demographics of the sample used.

### **Research Questions**

This purpose of this study was to determine if there is a relationship between altruism and burnout and if a relationship exists between levels of burnout and wellness. In order to conduct this study, three instruments were used: 1) The Five Factor Wellness-Adult, (5F-Wel), (Myers et al., 2005) 2) Maslach Burnout Inventory, Human Services Survey (MBI-HSS) (Maslach et al., 2011), and the Self Report Altruism Scale (SRA) (Ruston et al., 1981). There were five hypotheses and five null hypotheses for this study and are presented below.

Researcher's Hypothesis 1:

There is a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professional staff.

Null Hypothesis 1: There is not a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professional staff?

Researcher's Hypothesis 2:

There is a statistical significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professionals.

Null Hypothesis2: There is not a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the the Depersonalization subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professional staff.

Researcher's Hypothesis 3:

There is a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale scores of the Maslach Burnout Inventory and participants' overall wellness as measured by the composite score on the Five Factor Wellness Inventory for entry level, live-in and live on residence life professionals.

Null Hypothesis3: There is not a statistically significant relationship between emotional exhaustion as measured by Emotional Exhaustion subscale of the Maslach Burnout Inventory and participants' overall wellness as measured by the composite score on the Five Factor Wellness Inventory for entry level, live-in and live on residence life professionals.

Researcher's Hypothesis 4:

There is a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale of the Five Factor Wellness Inventory for entry level live-in and live on residence life professionals.

Null Hypothesis4: There is not a statistically significant relationship between emotional exhaustion as measured by Emotional Exhaustion subscale score of the Maslach Burnout

Inventory and physical wellness as measured by the Physical Self subscale of the Five Factor Wellness Inventory for entry level live-in and live on residence life professional staff.

Researcher's Hypothesis 5:

There is a statistically significant relationship between social wellness as measured by the Social Self subscale of the Five Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professionals staff.

Null Hypothesis 5: There is not a statistically significant relationship between the social wellness as measured by the Social Self Subscale of the Five Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on Residence Life professional staff.

### **Research Study Sample**

The participants in this research study were live-in or live on, entry level residence life professionals that worked at four year public or private predominately white colleges or universities in the southeastern part of the United States. In addition, all participants were full time employees at the time the survey was administered. Participants completed the survey online. Confidentiality was noted and given, but participants did have the option to enter their name and e-mail address if they wanted to be considered for winning one of three \$25.00 Visa gift cards. There were 156 survey licenses available for participants to take. Of the survey licenses, 156 people took the survey; however, only 107 completed the survey yielding a 68.6 response rate. Of the 107 completed surveys, 1 survey was discarded because the participant did not have a live-in or live on position within residence life, yielding a 99.1% response rate. Of the 156 licenses, the researcher was only able to download completed surveys to analyze.

## Participant Demographics

Of the study participants, 58.9% identified as female, 37.4% as male, 1.9% as cisgender, and .9 % identified as other (Table 4.1). In terms of cultural identity, .9% identified as Asian/Pacific Islander, 22.4% identified as African American/Black, 73.8% identified as Caucasian American/White, and 1.9% identified as Hispanic/Latino as identified in Table 4.2. In terms of education, 15% held a Bachelor's degree, while 82.2% had a Master's degree, and 1.9% held a Ph.D. (Table 4.3). In addition, 27.1% were married and 71% were single (Table 4.4). All participants worked full time; 68.2% were currently employed at a public, predominately white institutions and 30.8% are employed at private predominately white institutions (Table 4.5). Regarding age, 31.8% were between 23 and 25, 46.7% between 26 and 28, 15.1% were between the age of 29 and 31 as shown in Table 4.6. Lastly, 85% of the sample was not taking anxiety medication while the remaining 14% were taking medication for anxiety (Table 4.7).

Table 4.1 Gender Frequencies

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	40	37.4	37.7	37.7
	Female	63	58.9	59.4	97.2
	Cisgender	2	1.9	1.9	99.1
	Other	1	.9	.9	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

Table 4.2 Culture Frequencies

Culture					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian/Pacific islander	1	.9	.9	.9
	African American/Black	24	22.4	22.6	23.6
	Caucasian/White	79	73.8	74.5	98.1
	Hispanic/Latino	2	1.9	1.9	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

Table 4.3 Education Frequencies

Education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor's Degree	16	15.0	15.1	15.1
	Master's Degree	88	82.2	83.0	98.1
	PhD	2	1.9	1.9	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		



Table 4.4. Marital Status Frequencies

Marital Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	29	27.1	27.4	27.4
	Single	76	71.0	71.7	99.1
	prefer not to answer	1	.9	.9	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

Table 4.5. Institution Type Frequencies

Institution Type					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	public, PWI	73	68.2	68.9	68.9
	private, PWI	33	30.8	31.1	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

Table 4.6 Age Frequencies

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	23-25 years old	34	31.8	32.1	32.1
	26-28 years old	50	46.7	47.2	79.2
	29-31 years old	16	15.0	15.1	94.3
	over 31	6	5.6	5.7	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

Table 4.7. Medication Frequencies

Medication					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	14.0	14.2	14.2
	No	91	85.0	85.8	100.0
	Total	106	99.1	100.0	
Missing	System	1	.9		
Total		107	100.0		

## Research Study Results

### Research Question 1 Results

Research Question 1: There is a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on Residence Life professionals.

Figure 4.1 showed the frequency distribution (i.e. shape of the data) and skewness and kurtosis is also noted. The histogram is a bell shaped curved and is off center; values are skewed more to the left, but is off center; outliers are also seen. The P-P plot noted in Figure 4.2 plotted a somewhat linear relationship. The scatterplot in Figure 4.3 showed the residual scatterplots that provides tests of assumptions, normality, and homoscedasticity between the dependent variable (emotional exhaustion) and errors.

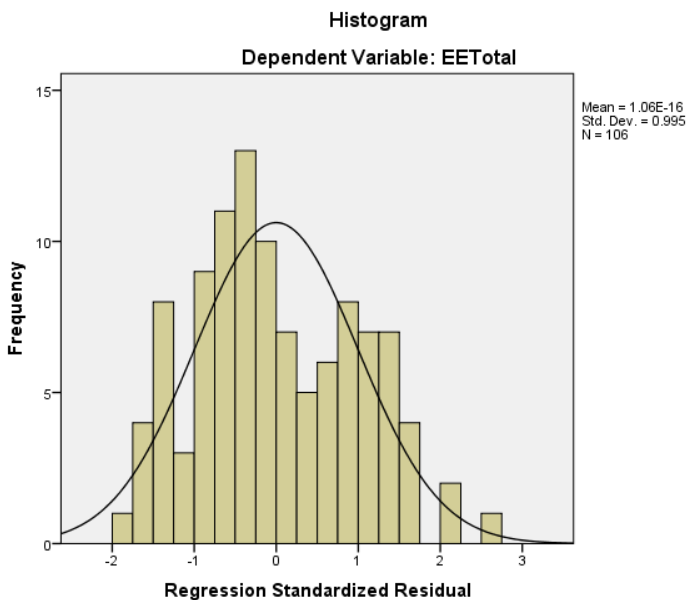


Figure 4.1 Histogram of Emotional Exhaustion Total Score

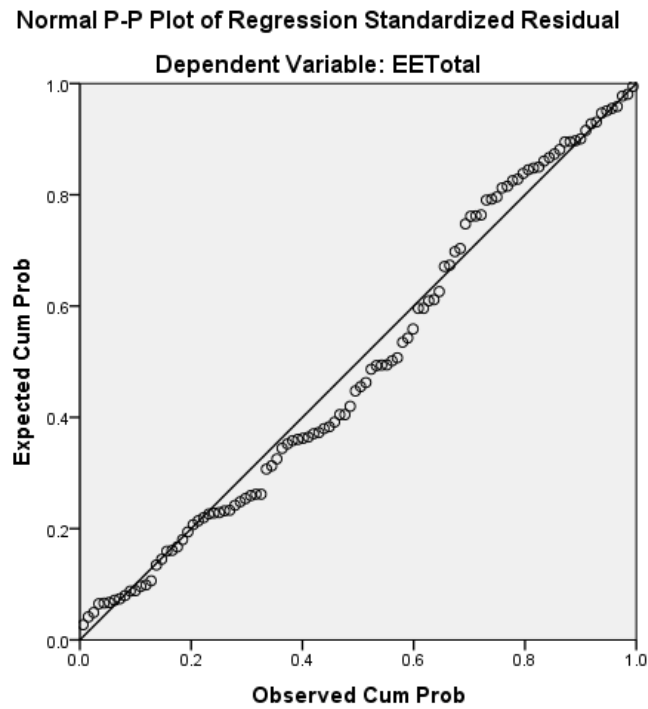


Figure 4.2 P-P Plot of Regression Standardized Residual for Emotional Exhaustion Total Score

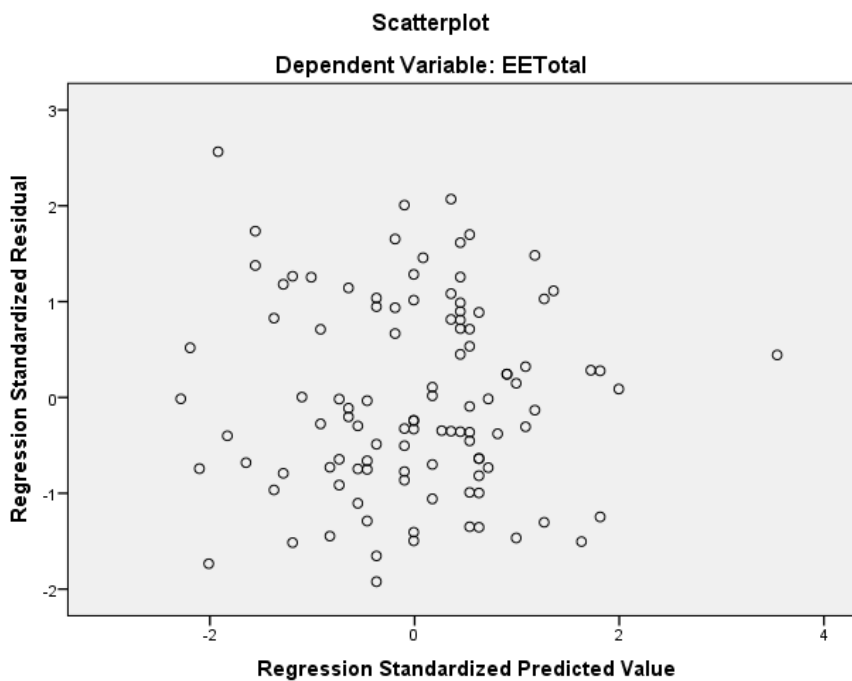


Figure 4.3. Scatterplot for Emotional Exhaustion Total Score

Table 4.8 is the Descriptive Statistics table for research question 1. Descriptive statistics are used to describe and summarize the data (Shavelson, 1996).

Table 4.8 Descriptive Statistics for Emotional Exhaustion Total Score and Altruism Average

Descriptive Statistics			
	Mean	Std. Deviation	N
EETotal	26.69	11.118	106
AltAvg	2.9453	.54909	106

Correlation notes the association of two or more phenomena and can range from +1 to -1. A positive (1) correlation notes that the phenomena are similar and a negative (1) correlation notes that they are opposite. A zero (0) denotes that they are as correlated as much as they are uncorrelated. (Golomb & Gong, 2005). In Table 4.9, the Correlations showed the direction and strength of the linear relationship between the emotional exhaustion average and altruism average subscore. This table represented a somewhat strong negative correlation.

Table 4.9 Correlations Table for Emotional Exhaustion Total Score and Altruism Average

Correlations			
		EETotal	AltAvg
Pearson Correlation	EETotal	1.000	-.060
	AltAvg	-.060	1.000
Sig. (1-tailed)	EETotal	.	.270
	AltAvg	.270	.
N	EETotal	106	106
	AltAvg	106	106

In the Model Summary Table, labeled Table 4.10, special attention was given to the R Square. R square (or coefficient of multiple determination) is a measure of how close the data fits the regression line (goodness of fit). It is a statistical measure explaining the percentage of variation and the strength of association between two constructs. For this research question, R Square was .004. This means that for the X variable (altruism), explained .4% of the change in emotional exhaustion among entry level, live-in and live on entry life professional staff.

Table 4.10 Model Summary

Model Summary <sup>b</sup>							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.060 <sup>a</sup>	.004	-.006	11.151	.004	.378	1

The last table presented with respect to research question 1 is the ANOVA table for the regression. ANOVA is the Analysis Of Variance and is labeled Table 4.11 and showed if emotional exhaustion (Y) predicted altruism (X). This specifically looked at the variation of scores for the dependent variable (emotional exhaustion). Special attention was given to the F value. The F value is the mean square regression (46.957) divided by the mean square residual (124.344) yielding an F of .378. Because the F was fairly small, the null hypothesis was accepted; there is no statistically significant relationship between altruism as measured by the Self Report Altruism Scale and the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level Residence Life professionals.

Table 4.11 ANOVA Table for Emotional Exhaustion Total Score and Altruism Average Score

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	46.957	1	46.957	.378	.540 <sup>b</sup>
	Residual	12931.770	104	124.344		
	Total	12978.726	105			

a. Dependent Variable: EETotal

b. Predictors: (Constant), AltAvg

## Research Question 2 Results

Research Question 2: Is there a statistical relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level live-in and live on Residence Life professionals?

Figure 4.4 depicted the frequency distribution of the dependent variable, Depersonalization. The values were skewed to the left with the tail to the right, which indicated a positive skewness. The P-P plot is noted in Figure 4.5 notes a linear relationship, but there are many values on the left than the right. The residual scatterplot was noted in Figure 4.6 that provides tests of assumptions, normality, and homoscedasticity between the dependent variable (Depersonalization) and errors.

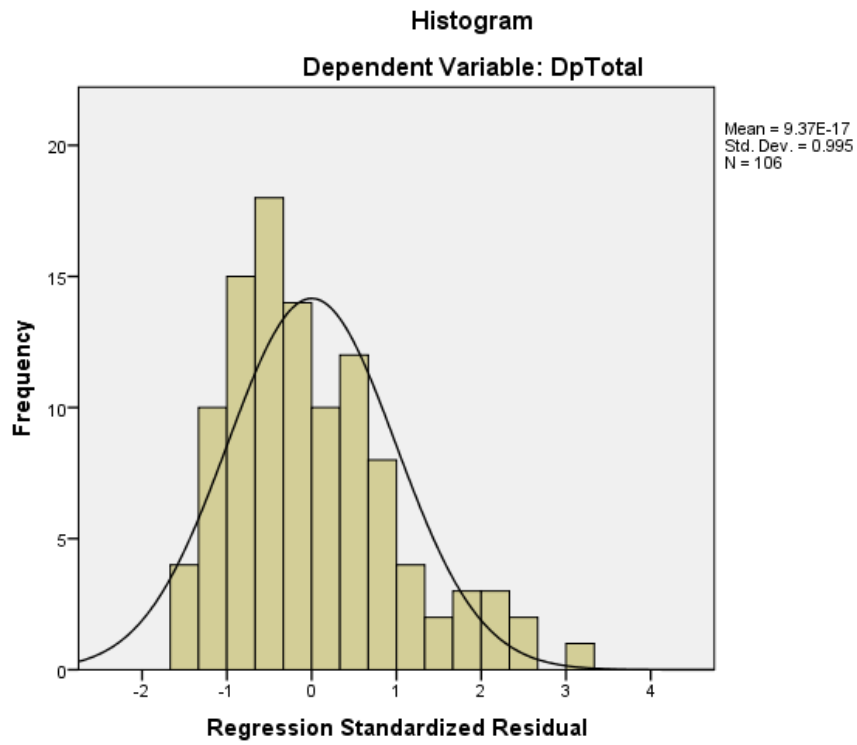


Figure 4.4 Histogram of Depersonalization Total Scores

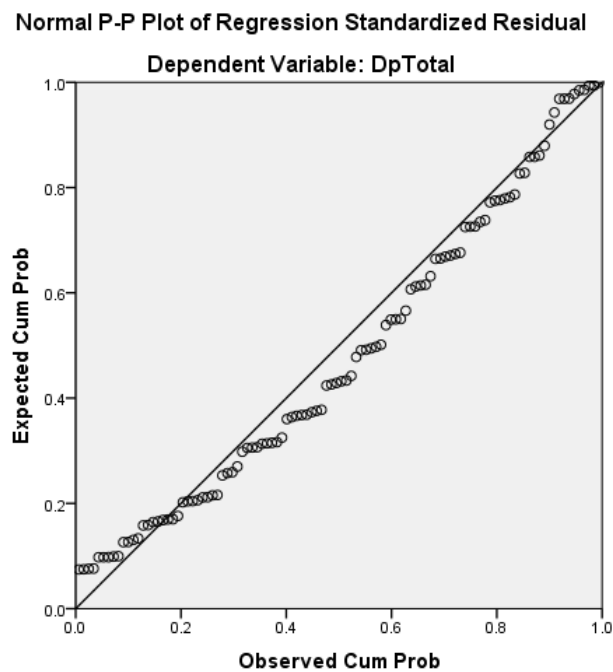


Figure 4.5 P-P Plot of Regression Standardized Residuals for Depersonalization Total Score



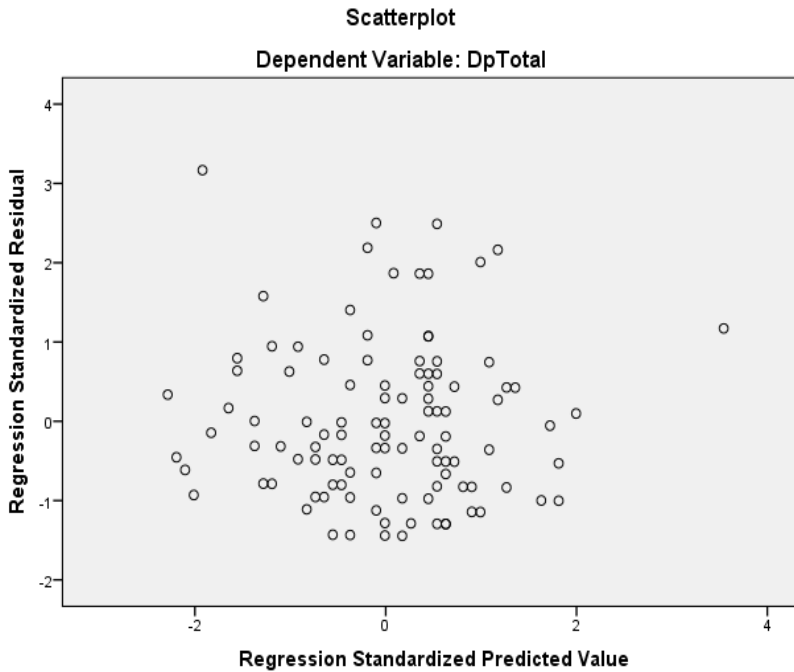


Figure 4.6 Scatterplot for Depersonalization Total Score

Table 4.12 is the Descriptive Statistics for Research Question 2 and depicted the means of depersonalization subscale averages and altruism.

Table 4.12 Descriptive Statistics for Depersonalization Total Score and Altruism Average

Descriptive Statistics			
	Mean	Std. Deviation	N
DpTotal	10.14	6.315	106
AltAvg	2.9453	.54909	106

Table 4.13 noted the correlations between altruism and depersonalization and represents a very weak negative correlation between depersonalization and altruism.

Table 4.13 Correlations Table for Depersonalization Total Score and Altruism Average

Correlations			
		DpTotal	AltAvg
Pearson Correlation	DpTotal	1.000	-.019
	AltAvg	-.019	1.000
Sig. (1-tailed)	DpTotal	.	.423
	AltAvg	.423	.
N	DpTotal	106	106
	AltAvg	106	106

Table 4.14 is the Model Summary table. In this table, R Square was .000, meaning that the X variable (altruism), attributed for 0% of the change in Depersonalization among entry level, live-in and live on entry level residence life professional staff.

Table 4.14 Model Summary

Model Summary							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.019 <sup>a</sup>	.000	-.009	6.344	.000	.038	1

Table 4.15 is the ANOVA Table and showed if depersonalization (Y) predicted altruism (X). The F value in this table was .038 and is relatively small. The null hypothesis was accepted; there is no statistically significant relationship between altruism as measured by the Self Report

Altruism Scale and the Depersonalization subscale score of the Maslach Burnout Inventory for residence life professionals.

Table 4.15 ANOVA Table for Depersonalization Total Score and Altruism Average

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.517	1	1.517	.038	.846 <sup>b</sup>
	Residual	4185.361	104	40.244		
	Total	4186.877	105			

a. Dependent Variable: DpTotal

b. Predictors: (Constant), AltAvg

### Research Question 3 Results

Research Question 3: Is there a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and staff overall wellness as measured by the composite score of the Five Factor Wellness Inventory for entry level, live-in and live on residence life professionals.

Figure 4.7 is the frequency distribution of total wellness. Most of the outliers were on the outside of the curve on the left side and the tail is off centered to the right side. Figure 4.8 satisfied the assumption of linearity. The scatterplot in Figure 4.9 showed the residual scatterplots that provide tests of normality and homoscedasticity between the dependent variable (overall wellness) and errors.

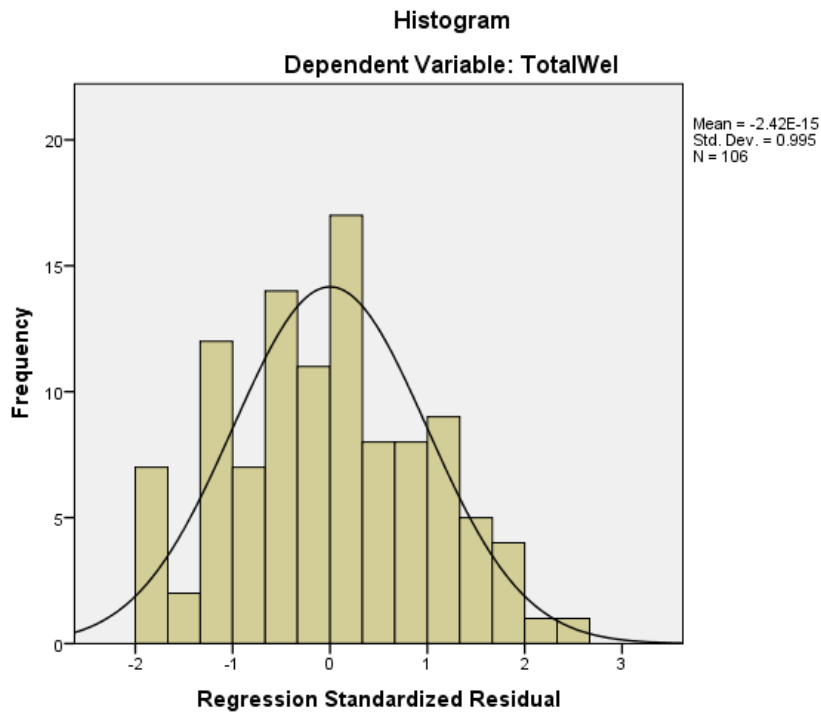


Figure 4.7 Histogram of Total Wellness Score

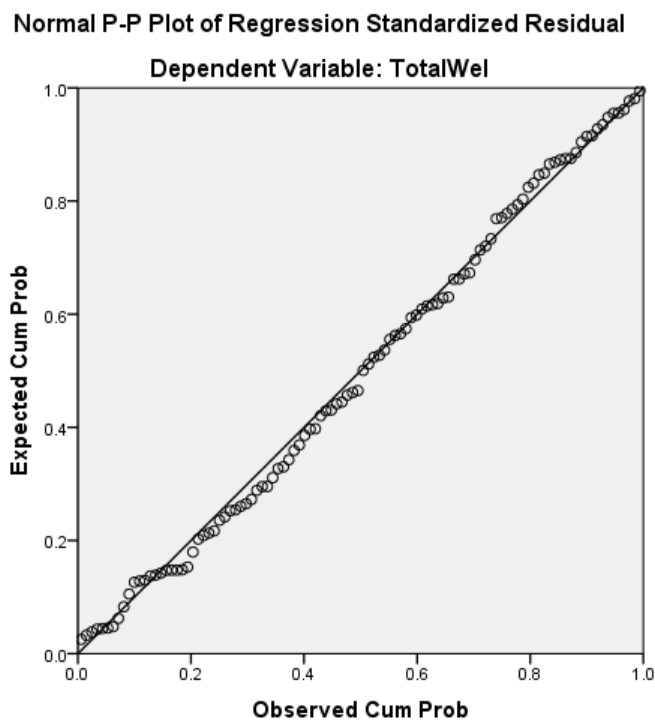


Figure 4.8 P-P Plot of Regression Standardized Residual for Total Wellness

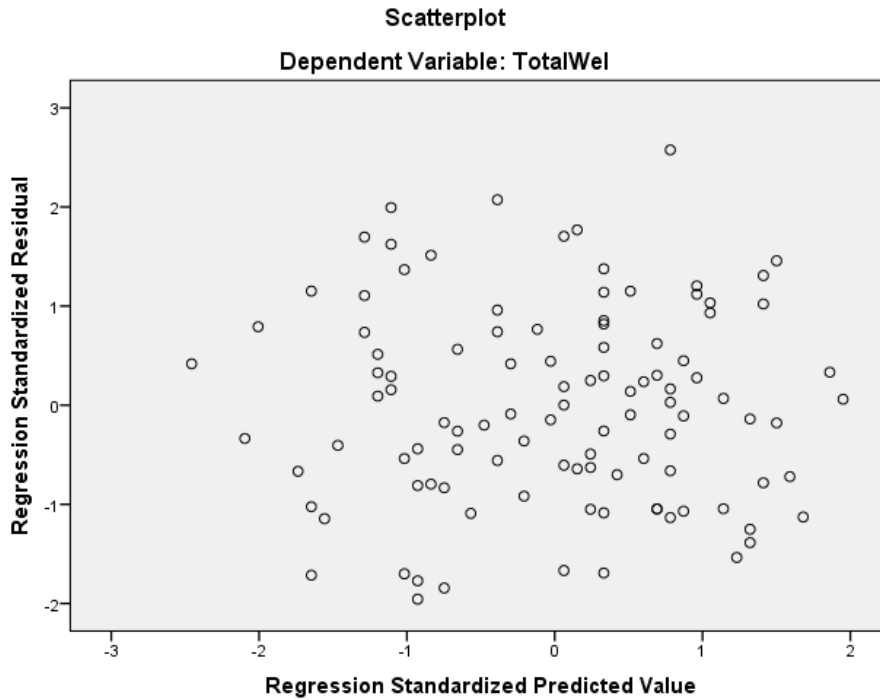


Figure 4.9 Scatterplot for Total Wellness

Table 4.16 is the Descriptive Statistics for Research Question 3 and noted the means of the Total Wellness Averages and Emotional Exhaustion averages.

Table 4.16 Descriptive Statistics for Total Wellness Average and Emotional Exhaustion Average

Descriptive Statistics			
	Mean	Std. Deviation	N
TotalWel	76.241	6.3762	106
EETotal	26.69	11.118	106

Table 4.17 is the Correlations table which depicted a weak negative relationship between Total Wellness and Emotional Exhaustion.

Table 4.17 Correlations Table for Total Wellness Score and Emotional Exhaustion Average

Correlations			
		TotalWel	EETotal
Pearson Correlation	TotalWel	1.000	-.378
	EETotal	-.378	1.000
Sig. (1-tailed)	TotalWel	.	.000
	EETotal	.000	.
N	TotalWel	106	106
	EETotal	106	106

The Model Summary table is Table 4.18 and the independent variable, emotional exhaustion, explained 14% of the change in total wellness among entry level, live in and live on entry level residence life professional staff.

Table 4.18 Model Summary

Model Summary <sup>b</sup>							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.378 <sup>a</sup>	.143	.135	5.9315	.143	17.335	1

a. Predictors: (Constant), EETotal

b. Dependent Variable: Total Wel

The ANOVA table for research question 3 is presented in Table 4.19. In this table, the F statistic, 17.34, showed that the predictor variable, emotional exhaustion depicted a small relationship to total wellness. Because of this, the null hypothesis was accepted; there was no

statistically significant relationship between residence life professional staff emotional exhaustion as measured by scale scores on the emotional exhaustion subscale of the Maslach Burnout Inventory and participants' overall wellness as measured by the composite score on the Five Factor Wellness Inventory.

Table 4.19 ANOVA Table for Total Wellness and Emotional Exhaustion Total Score

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	609.888	1	609.888	17.335	.000 <sup>b</sup>
	Residual	3659.048	104	35.183		
	Total	4268.936	105			

a. Dependent Variable: TotalWel

b. Predictors: (Constant), EETotal

#### Research Question 4 Results

Research Question 4: Is there a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale score of the Five Factor Wellness Inventory for entry level live-in and live on professional staff.

Figure 4.10 the noted the skewness and kurtosis of physical self average scores and the distribution is somewhat normal. Figure 4.11 showed a linear relationship with the physical self values and satisfied the assumption of linearity. The scatterplot in Figure 4.12 provided the testing of the assumptions of normality and homoscedasticity between the dependent variable (physical self) and errors.

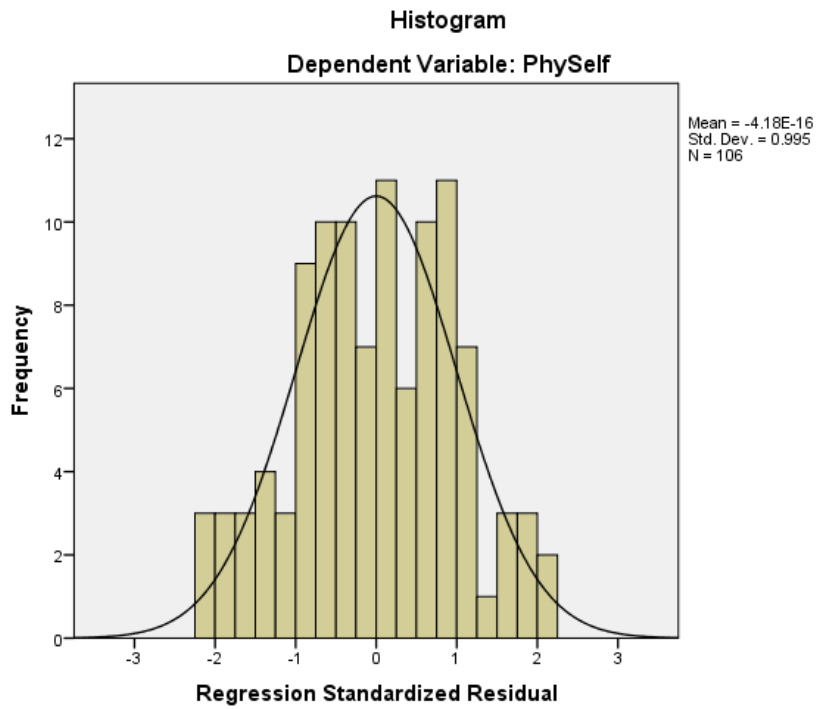


Figure 4.10 Histogram of Physical Self Average Scores

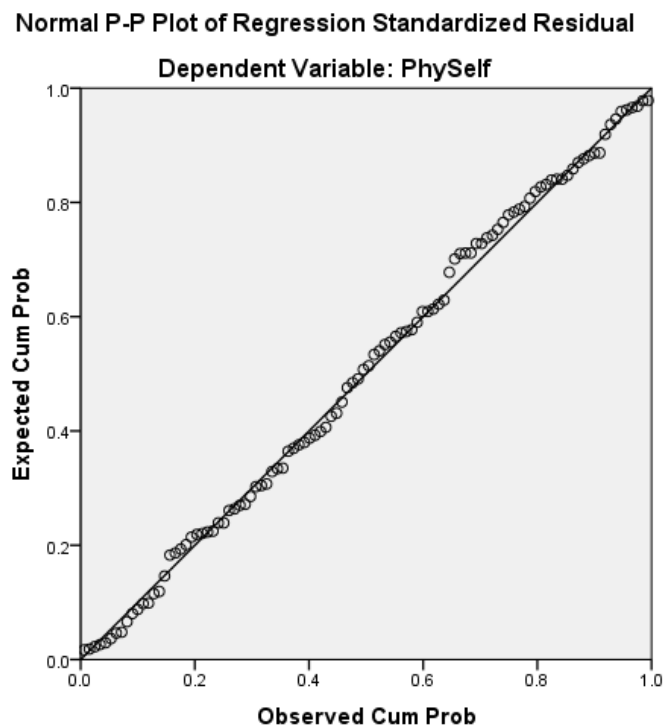


Figure 4.11 P-P Plot of Regression Standardized Residual for Physical Self



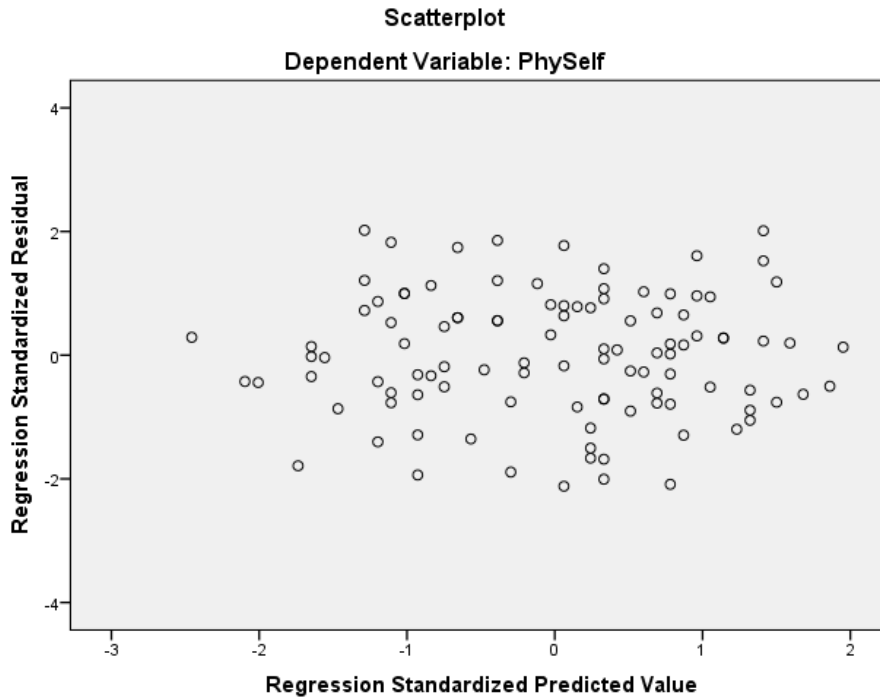


Figure 4.12 Scatterplot for Physical Self Average

The descriptive statistics for research question 4 are presented in Table 4.20 and noted the means of Physical Self average and Emotional Exhaustion subscale averages.

Table 4.20 Descriptive Statistics for Physical Self and Emotional Exhaustion

Descriptive Statistics			
	Mean	Std. Deviation	N
PhySelf	65.000	15.6030	106
EETotal	26.69	11.118	106

The Correlations table is noted in Table 4.21 and depicted a very weak negative correlations between physical self average and emotional exhaustion average.

Table 4.21 Correlations Table for Physical Self Average and Emotional Exhaustion Score

Correlations			
		PhySelf	EETotal
Pearson Correlation	PhySelf	1.000	-.181
	EETotal	-.181	1.000
Sig. (1-tailed)	PhySelf	.	.032
	EETotal	.032	.
N	PhySelf	106	106
	EETotal	106	106

In the Model Summary Table, labeled as Table 4.22, the R square (or coefficient of determination) noted that the independent variable (emotional exhaustion) explained 3% of the change in the physical self subscore average among entry level, live-in and live on entry level professional staff.

Table 4.22 Model Summary

Model Summary <sup>b</sup>							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.181 <sup>a</sup>	.033	.024	15.4183	.033	3.530	1

a. Predictors: (Constant), EETotal

b. Dependent Variable: PhySelf

Table 4.23 is the last table with respect to Research Question 4. This ANOVA table showed if physical self (Y) can predict emotional exhaustion (X). The F value in this table was 3.53; this was fairly small F so the null hypothesis for research question 4 was accepted. There

was no statistical significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Wellness subscale score of the Five Factor Wellness Inventory for entry level live-in and live on professional staff.

Table 4.23 ANOVA Table for Physical Self Score and Emotional Exhaustion Total Score

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	839.065	1	839.065	3.530	.063 <sup>b</sup>
	Residual	24723.435	104	237.725		
	Total	25562.500	105			

a. Dependent Variable: PhySelf

b. Predictors: (Constant), EETotal

### Research Question 5 Results

Research Question 5: Is there a statistically significant relationship between social wellness as measured by the Social Wellness subscale score of the 5 Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on Residence Life professional staff.

Figure 4.13 showed the frequency distribution for emotional exhaustion. The values deviate from the normal; the bell curve was short although it is curved; also, it was skewed to the left, and the tail is greater on the right side than the left side. Figure 4.14 was the P-P plot noted a somewhat linear relationship satisfying somewhat the assumption of linearity; the P-P plot noted the relationship with many values on the left and right side of the line. Figure 4.15 provided the

testing of the assumptions of normality and homoscedasticity between the dependent variable (emotional exhaustion) and errors.

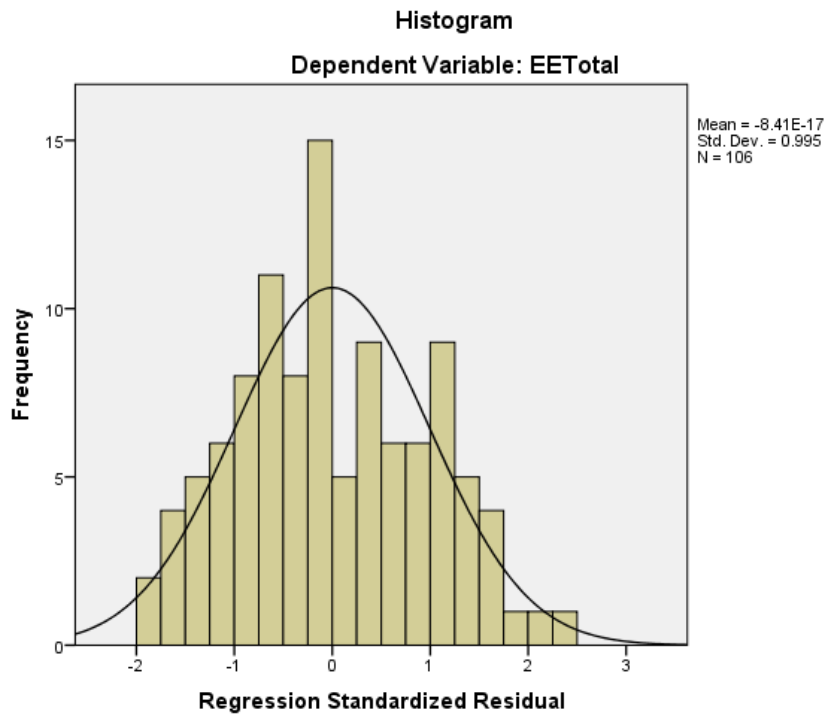


Figure 4.13 Histogram for Emotional Exhaustion Total Score

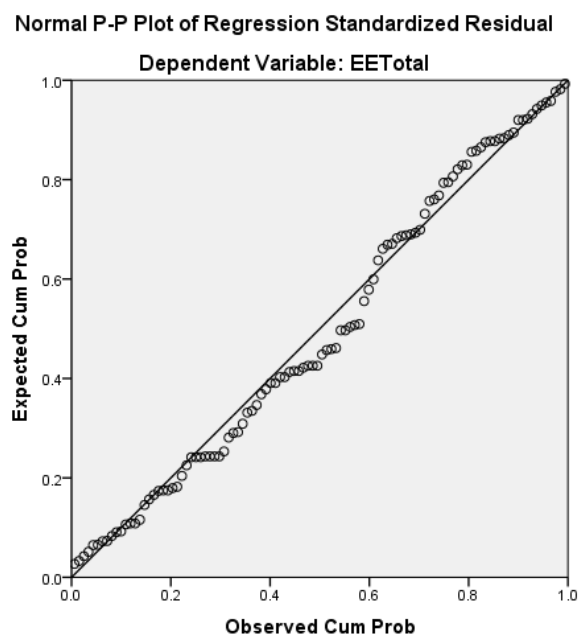


Figure 4.14 P-P Plot of Regression Standardized Residual for Emotional Exhaustion Total Score

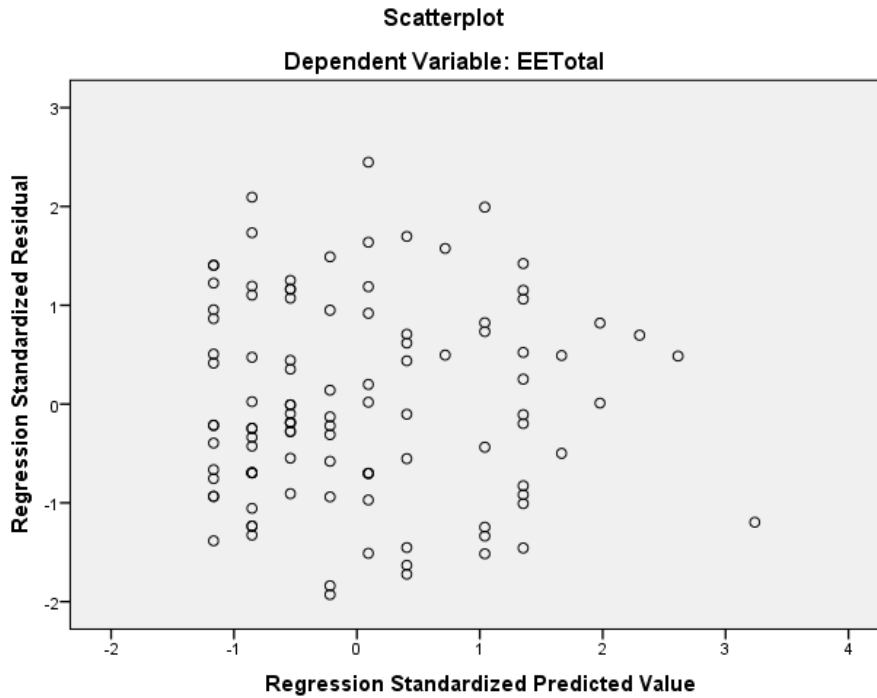


Figure 4.15 Scatterplot for Emotional Exhaustion Total Score

Table 4.24 showed the descriptive statistics table for research question 5 and notes the means for emotional exhaustion and the social self.

Table 4.24 Descriptive Statistics for Emotional Exhaustion Total and Social Self Score

Descriptive Statistics			
	Mean	Std. Deviation	N
EETotal	26.69	11.118	106
SocSelf	88.426	9.9231	106

The correlation between emotional exhaustion and social self is noted in Table 4.25. There was a weak negative correlation between emotional exhaustion and social self.

Table 4.25 Correlations Table for Emotional Exhaustion Total Score and Social Self

Correlations			
		EETotal	SocSelf
Pearson Correlation	EETotal	1.000	-.100
	SocSelf	-.100	1.000
Sig. (1-tailed)	EETotal	.	.153
	SocSelf	.153	.
N	EETotal	106	106
	SocSelf	106	106

Table 4. 26 is the Model Summary Table. From this table, the percentage of variation was noted by looking the R Square. This table showed that the predictor variable, social self, explained 1% of the change in emotional exhaustion among entry level live in and live on entry level, live in and live on professional residential life staff.

Table 4.26 Model Summary

Model Summary <sup>b</sup>							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		
					R Square Change	F Change	df1
1	.100 <sup>a</sup>	.010	.001	11.115	.010	1.057	1

a. Predictors: (Constant), Social Self

b. Dependent Variable: EETotal

The last table that will assist in answering research question 5 is Table 4.27. This table showed if emotional exhaustion subscale averages (Y) predicted social wellness subscale score average (X). The F statistic was very small; therefore the null hypothesis was accepted. There

was no statistically significant relationship between social self as measured by the Social Self subscale score of the 5 Factor Wellness Inventory and emotional exhaustion as measured by the emotional exhaustion subscale score of the Maslach Burnout Inventory.

Table 4.27 ANOVA Table for Emotional Exhaustion Average and Social Self Average.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	130.534	1	130.534	1.057	.306 <sup>b</sup>
	Residual	12848.193	104	123.540		
	Total	12978.726	105			

a. Dependent Variable: EETotal

b. Predictors: (Constant), SocSelf

After analyzing the results of regression analysis all of the null hypotheses were supported:

There is not a statistically significant relationship between Altruism as measured by the Self Report Altruism Scale and Emotional Exhaustion as measured by the emotional exhaustion Subscale score of the Maslach Burnout Inventory for entry level, live-in and live on professional staff.

1. There is a not a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.
2. There is a not a statistically significant relationship between emotional exhaustion as measured by Emotional Exhaustion subscale score of the Maslach Burnout Inventory and

overall wellness as measured by the composite score on the 5 Factor Wellness Inventory for entry level, live- in and live on residence life professional staff,

3. There is not a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale of the 5 Factor Wellness Inventory for entry level, live-in and live on residence life professional staff.
4. There is a not a statistically significant relationship between social wellness as measured by the Social Self subscore of the 5 Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level live-in and live on residence life professional staff.

### **Research Summary**

The purpose of this study was to determine if there was a relationship between varying components of burnout components and wellness; the study also sought to determine if there was a relationship between altruism and varying components of burnout. The sample used for this study was entry level live in and live on residence life professional staff. The analyzed results produced no statistically significant hypotheses. Chapter Five of this investigation will explain the findings, study limitations, implications for practice and future directions.



## **CHAPTER 5: DISCUSSION AND CONCLUSION**

The purpose of this research study was to investigate the relationship between altruism and components of burnout; the study also sought to investigate the relationship between varying components of burnout and wellness. Chapter Five is to provide an overview of the research study, methods, and research results. Chapter Five expands on the results found in Chapter Four. This chapter will also outline limitations with respect to the study, and will be concluded with implications and future directions.

### **Purpose and Objectives**

The purpose of this multiple regression research study was to determine the relationship between various components of burnout and wellness, as well as burnout components and altruism. The research questions in this study included:

Research Question 1: Is there a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professional staff?

Research Question 2: Is there a statistically significant relationship between altruism as measured by the Self Report Altruism Scale and depersonalization as measured by the Depersonalization subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence life professional staff?

Research Question 3: Is there a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and overall wellness as measured by the composite score for wellness on the 5 Factor Wellness Inventory for entry level, live-in and live on residence life professional staff?

Research Question 4: Is there a statistically significant relationship between emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory and physical wellness as measured by the Physical Self subscale score of the 5 Factor Wellness Inventory for entry level, live-in and live on residence life professional staff?

Research Question 5: Is there a statically significant relationship between Social Wellness as measured by the Five Factor Wellness Inventory and emotional exhaustion as measured by the Emotional Exhaustion subscale score of the Maslach Burnout Inventory for entry level, live-in and live on residence Life professional staff?

### **Procedures**

The population for this study was entry level live-in and live on residence life professional staff who live and work in the southeastern part of the United States as defined by the SEAHO region ([www.seaho.org](http://www.seaho.org)). Additionally, participants had to be employed at public or private predominately white institutions. The states that compose the southeast are: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia.

### **Data Collection**

Data was collected via survey. The researcher contacted MindGarden and purchased the 5 Factor Wellness Inventory (Myers & Sweeney, 2005), and the Maslach Burnout Inventory (Maslach et al., 2010). In addition, the researcher contacted the authors of the Self Report Altruism Scale (Ruston et al., 1981) and permission was given to use their instrument for the study. Once the survey was created, the researcher conducted a pilot study and changes were made with the approval of the dissertation chair and MindGarden staff. After changes were complete, the researcher contacted the SEAHO staff that was able to send each state

representative in the southeast region of the United States information pertaining to the dissertation study. There was also an incentive for participating in the research study as three participants would be randomly selected to win a \$25.00 Visa Giftcard. Following the close of the survey, 107 participants completed the survey; however one participant's responses were discarded as he was not a live on or live-in staff member; the final N= 106. The researcher was only able to obtain data for participants who completely filled out the survey per MindGarden policy. Multiple regression was used to analyze the survey and there were no statistically significant results.

### **Discussion of Results**

Research findings have the potential to add to the understanding of burnout and could potentially contribute to and impact practice, policy and theory about altruism, wellness, and burnout for student affairs administrators. Freudenberger (1974) first coined the term burnout and described it as “the state of fatigue and frustration arising from unrealistic, excessive demands on personal resources and leading to physical and mental exhaustion,” (Gregory, 2005, p. 111). Burnout has been linked to other mental anguish, and physical maladies such as headaches, irregular sleep, hypertension, and colds (Maslach & Leiter, 2008). There are three components of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion occurs when employees feel overextended at work and are not able to recharge for another day (Maslach & Goldberg, 1998). Depersonalization refers to negative feelings and detachment in response to others at work (Maslach & Goldberg, 1998; Quick et al., 2008). Reduced personal accomplishment affects self-esteem, work savvy, and work skill (Maslach & Goldberg; Hakanen & Shaufeli, & Ahola, 2008). There is also research to

support that physical and mental health concerns can occur as a result of burnout (Greenglass & Bourke, 1990; Harwood et al., 2010).

If professionals are burned out at work, it is plausible that physical signs and symptoms of distress are occurring which could result in missing work and poor decision making skills while at work unless burnout is treated. Residence life personnel work in a field where professionals primarily assist people in need. Oftentimes, professionals form close relationships with students, staff, and even parents to provide optimal service. However, when staff are overextended burnout can occur. Burnout is unique as it a result of the social interaction between helper and recipient (Maslach, 2003).

Wellness as defined by Myers, Sweeney, and Witmer (2005) is “a way of life toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community,” (p252). Health affects every aspect of life and Sweeney and Witmer (1991) approached wellness from a holistically. Residence life professionals work to aid in the educational mission of colleges and universities; many institutions seek to recruit and retain qualified employees, but it has been increasingly difficult to find professional staff who are interested in entry level live in positions (Belch, Wilson, & Dunkel, 2009; Belch & Mueller, 2003). Entry level professionals in residence life, although not required to be are typically altruistic. Altruism describes a form of caring that is “non-contingent of reward,” (Robinson & Curry, 2005, p. 2). Altruistic behaviors focus on others’ well-being and are linked to helping behaviors (Van Emmerick et al., 2005; Farmer & Fedor, 2001); Penner & Finkelstein, 1998). As a part of the research, the participants took the Self Report Altruism Scale (Ruston et al., 1981) which is used to determine altruistic personality where respondents note “Never,” coded as 1 in SPSS, “Once,” coded as 2 “More than Once,” coded as 3 “Often,” coded

as 4 and “Very Often,” coded as 5 to a series of questions where the  $M = 2.943$ , which indicated that participants are more often likely to have an altruistic personality.

At work, when professionals are committed to organizational goals, team members are more likely to accept goals and values of the group and are more likely to comply with group rules. As a result, behavior will streamline with others in the group that will benefit the organization. As a result, professionals will do what is expected of them and more (Eisele & D’Amato, 2011). When staff do more than that expected, they are being altruistic; these behaviors are called organizational citizenship behaviors and enhance effectiveness of an organization, although staff may not be rewarded and it is not an explicit job requirement or expectation (Raruk, 2013; Eisele & D’Amato, 2011; Chu, Lee, & Hsu, 2006). Limberg (2013) studied altruism and burnout among school counselors and concluded that persons who were more altruistic were less emotionally exhausted. Some examples of altruistic work behaviors could include serving as a resource for newer staff, volunteering to assist with committees and work outside of the typical duties that are not required by the department, staying after work or coming in early.

Altruistic behavior could affect health and wellness and stress. Although the researcher’s sample has an average score with respect to altruism, entry level professionals may have more opportunities to be altruistic seeing as they live where they work. In Caponetti’s (2012) study of work stress in predicting work engagement, burnout, and turnover intent of non-exempt university employees findings indicated that work stress is correlated to burnout and engagement at work (Caponetti, 2012). Because a myriad of things can affect health which in turn can affect engagement at work, it is important that staff take care of themselves as they help provide assistance to others. Providing care for students is imperative, but if staff are not well, it is

possible that staff could provide inadequate care and service to students, parents, and university stakeholders.

With respect to the 5 Factor Wellness Wheel, the scores for Total Wellness (M= 76.241), Creative Self (M= 78.551), Coping Self (M= 71.641), Social Self (M= 88.426), Essential Self (M= 78.160), and Physical Self (M= 65.000). However, when Myers and Sweeney (2005) used a norm sample of 3,343 persons recruited through research projects, doctoral dissertations, professional meetings and workshops, and university classes, the average Total Wellness (M=71.63). Perhaps entry level residence life professionals are well and incorporate wellness strategies into their lives, especially since many professionals focus on the wellness of other individuals. Myers and Sweeney (2005) research also indicates that with respect to the Creative Self (M=73.8) is lower than the sample in the research study. In student affairs and residence life, professionals must often be open-minded and must creatively solve problem which may attribute the higher scores that were found in the research study.

In the research conducted by Myers and Sweeney (2005), the Coping Self (M=68.73), Social Self (M=77.35) and Essential Self (73.38) are all slightly lower than results from the current research study noted in the above paragraph. In residence life, many personnel are familiar with assisting students through difficult times and may employ similar strategies to promote health and wellness. Also, residence life staff frequently collaborate with departmental and institutional partners, and through those connections may build relationships outside of the workplace that contribute to a healthy social life.

The social wellness of live in and live on staff is much higher than the average reported in Myers and Sweeney (2005). This could be because of workplace friendship, cohesion, and universality. The development of new technologies, altered work schedules, and the

intensification of work has changed over time and has contributed to the blurring of work and personal boundaries. As professionals strive to achieve balance between occupational and personal demands, friendships in the work place can evolve, especially considering the amount of time that people are at work (Pedersen & Lewis, 2012). Friendship is pivotal for social well-being (Pedersem & Lewis, 2012). Workplace friendship is defined as “non exclusive workplace relations that involve mutual trust, commitment, reciprocal liking and shared interests and values,” (Berman, West, & Jr. Richter, 2002, p. 218).

Workplace friendships aid in the increase of information flow, accepting change, reducing workplace stress and occupational satisfaction (Berman et al., 2002; Parris, Vickers, & Wilkes, 2008; Morrison, 2008). Research indicated that friendships inside and outside of the workplace aid in individual well-being and health (Uchino, 2004; Parris et al., 2008), job satisfaction (Markiewicz, Devine, & Kausilas, 2000), and ongoing ethical and moral development (Friedman, 1993). It is possible that the sample has high social wellness due to work place friendship. Entry level live-in and live on staff often spend a lot of time together—typically prior to the academic year starting as staff may be in training for two or more weeks. During this time, work days are typically longer than usual, and if meals are incorporated within training, opportunities to socialize and talk about work and non-work are presented. Also, staff may live in proximity with one another and may walk/ride together to meetings as well as other events hosted by the department and university. Live-in and live on professionals staff may be provided with staff meal plans and may frequently eat on campus with another co-worker. Staff may also have similar schedules, as many attend the same meetings that present opportunities for engagement. Also, for residence life staff that live in remote locations, their social circle may consist of the friends and friendships that were cultivated at work.

Another reason that the sample scored high with respect to Social Wellness could be because of work cohesion. *Cohesion* is defined as “the tendency for a group to stick together and pursue a common goal,” (von Treuer, Fuller-Tyzkiewicz & Atkinson, 2010, p. 42). Cohesion affects job morale, quality of work life, wellbeing, and job satisfaction (Dion, 2000). Members of a team are more motivated to stay within the group and are more committed to one another if they are cohesive. Cohesive teams are more satisfied on the team when members feel sense a belonging and this motivates members to reach out to others for input and support and promotes collective social identity. Cohesive groups typically are supportive, have high levels of trust, interdependent, tend to collaborate, and have a sense of camaraderie (Joo, Song, Lim, & Yoon, 2012).

Most entry level, live in and/or live residence life staff work in teams. Typically, members do similar work, although there may be specifics with respect to housing type, community focus, and supervisor. Per institution, entry level professional staff have similar positions and may collaborate with other coworkers to host programs or provide some type of service to students. Staff may also work closely with one another on projects and any other tasks as assigned to them. As they work together, coworkers may engage in professional relationship, but the relationship can change to a relationship outside of the workplace. This strengthens the relationship with members on their team; team members feel accepted and value their peers and the relationships built among them. It is also common for members to exchange successful strategies with respect to how to supervise staff, solve crises, meet student needs, and meet general departmental expectations. So although teams may be burned out, they may enjoy the relationships they have with their team members and although they may be burned out, they may not recognize the detrimental effects of burnout.



Universality refers to learning that the individual professional is not alone, but there is a sense of shared experience in terms of thoughts and feelings (Fall & Levitov, 2001). Strong relationships and friendships also form in organizations during times of adversity, low morale, and decreased satisfaction. Research by Sias and Jablin (1995) indicated that group members become more cohesive when they believe a supervisor was perceived to render unfair treatment among employees. This caused group members to communicate and interact more with each other. Research by Odden and Sias (1997) further supported this, as it was determined that per relationships flourished when group members perceived supervision inadequate. This further suggested that colleagues may serve as confidants to one another in order to discuss negative supervisor and work experiences (Sias & Jablin, 1995; Odden & Sias, 1997).

As residence life professionals engage in their work, they may have very different experiences, especially if they have other co-workers and are supervised by a different person. If someone is having a negative experience, they may share their experiences in hope of support. This is especially true of women as research suggests that women are more likely to seek and receive emotional support within friendship at work (Lee & Duxbury, 1998). Also, as residence life departments undergo transition, policies and procedures may change which could impact work load, staff motivation, and morale.

The researcher had lower results with respect to the Physical Self than those reported in the norm sample ( $M=66.56$ ) by Myers and Sweeney (2005). Because results indicate burnout, this has detrimental effects on their physical health. Professionals who are experiencing burnout are more prone to health issues. Persons who are burned out have difficulty maintain and controlling their emotions, feel exhausted all the time, have a harder time falling asleep at night, and may be prone to crying easily (Runcan, 2013).

In addition, the CDC (2012) reported that twelve states have obesity rates higher than 30%. Of the twelve states, five of them are in the researcher's sample: Kentucky, Alabama, Mississippi, South Carolina, and Louisiana. There is much research that links physical activity to health. However, as professionals deal with the increasing demands of work, physical exercise and sports activities are typically the first activities to professionals disengage which impacts health and wellbeing (Parris et al., 2008). A sedentary lifestyle can lead to obesity and other concerns (Haines et al., 2007).

Because staff deal with demanding work and may not have time or energy to prepare healthy meals due to evening and weekend commitments, it is possible that some members of the research population have negative eating habits, irregular sleep patterns, and little time to exercise and focus on nutritious eating. Many student programs occur after typical work hours as well as staff meeting with students. Often if an emergency arises during the workday, staff may assist in crises rather than taking time to eat. Lastly, staff members may also be asked to step up and serve in dual roles if there are any vacant positions, and some staff may serve in interim or dual roles until the vacant position has been hired. This increase in work, sometime with no incentive or reward negatively can affect physical health. If staff continue to not take care of their physical needs, this will impact their ability to go to work, as the body and its systems can and will deteriorate over time.

It is also possible that although professionals' social wellness is high and have good relationships, these relationships are the detriment of physical well-being. Because staff may have friendships that extend outside of the workplace, it is possible that through these social groups, physical self-destructive behaviors occur. For example, alcohol consumption is common in the US. The CDC (2012) reported that 51.3% adults are current regular drinkers (consuming

at least 12 drinks in the past year), while 12.9% of adults are current infrequent drinkers (1-11 drinks in the past year). Most people who over consume alcohol are not defined as alcoholic, although over time, personal health is put at risk. Excessive consumption can lead to unproductivity and negatively affects creativity and can increase the propensity for signs of aging (Siek, Heirich, & Major, 2004). Research conducted by Rosenquist, Murabito, Fowler, and Christakis (2010) noted a high correlation among person and those in their social networks. Rosenquist et al (2010) also cited other studies that suggest that other health concerns such as obesity, suicide, and sexually transmitted diseases travel along social networks.

Not only do social networks exist within individual universities and departments, there are opportunities for social networking and socializing at local, regional, and national conferences. Many professionals may opt to attend a conference for various reasons. For some professionals, attending conferences is an opportunity to reconnect with friends and former colleagues; it is also an opportunity to build new friendships. Conferences do this in a variety of ways. Some conferences in student affairs offer different ways to volunteer, encourage committee participation, and seek to improve the health of professionals by offering mediation/reflection times and offer opportunities for group exercise. Conferences also offer variety of social events. Some socials have an open bar, while others have cash bars. It is very common to engage in drinking with professionals at a conference, if the professional is a new acquaintance. At one national conference, the researcher attended social for professionals who worked in housing and residence life and there was an open bar where select alcohol beverages were free to participants. There were also other socials where alcohol was provided as many conferences in student affairs have socials where drinking occurs.

A high degree of burnout is reflected in the Emotional Exhaustion and Depersonalization subscales scores and low scores on the Personal Accomplishment subscale. An average degree of burnout yields average scores on all three subscales; a low degree of burnout is noted with high Personal Accomplishment scores and low scores on the Depersonalization and Emotional Exhaustion subscale (Maslach et al. 2010). A high degree of burnout as represented by the Emotional Exhaustion subscale for persons in postsecondary education is 24 or higher; an average degree of burnout are scores between 14 and 23 and a low degree of burnout are scores 13 and less (Maslach et al., 2010). With respect to the study sample for emotional exhaustion,  $M = 26.69$ , which indicated a high degree of burnout. A high degree of burnout as represented by the Depersonalization subscale of the Maslach Burnout Inventory is a score of 9 or greater; a low degree of burnout is a score of 2 or less and an average degree of burnout is a score between 3 and 8. The mean subscale score of Depersonalization for the research study sample was  $M = 10.14$  making which indicated that this sample were detached from their work. A low degree of burnout as represented by the Personal Accomplishment subscale score that is 43 or more, while an average degree of burnout are scores between 42 and 36 and a high degree of burnout are scores that are 35 and less (Maslach et al., 2010).

With respect to burnout, many people are working longer. In addition, the developments in technology such as laptops, ipads, and cell phones increase the propensity for work to occur at the end of the work day in non-work spaces (Parris et al., 2008). The intrusion of work into the home can lead to feelings of burnout. In addition, professionals in residence life work non-standard work hours, as many staff assume on call responsibilities, which involve providing leadership to student staff and care to students when crises or after work issues arise. Non-

standard work hours lead to decreased satisfaction, decreased commitment and a negative attitude with respect to work (Whitmer & Martin, 2010).

In addition, many professionals may deal with work place aggression that influence burnout. Work place aggression is “behavior directed to inflict physical, verbal, or psychological harm to the employees or the organization itself,” (Bedi, Courcy, Paquet, & Harvey, 2011, p. 351). Research on work place aggression associate it with outcomes such as turnover (Tepper 2000), job dissatisfaction (Cortina, Chen, & Dunlap, 2001), anger, resentment, anxiety, depressive symptoms (Richman, Rospenda, Flaherty & Freels, 2001), and burnout (Grandey, Dickter, & Sin, 2004). Aggression at work causes physical and psychological strain, especially as professionals struggle to make sense of cope with the event. Grandy et al. (2004) found that heightened levels of emotional exhaustion emotional regulation and absence at work were correlated with customer aggression. In addition, Tepper (2000) found that employee anxiety, emotional exhaustion, and depression are positively correlated with unfair supervisor behaviour.

Additionally, participants could be worn out from job responsibilities, but the timing of the survey could have attributed to feelings of burnout. The survey was sent to participant shortly after SEAHO (Southeast Association of Housing Officers) Conference ended and professional staff may have been overwhelmed at their amount of work related e-mails and issues that needed attention during their absence. Also, February, March, and April could be heavy recruitment months for many staff, as departments could be hiring new Resident Assistants (student staff), Graduate Assistants, and professional staff. With the recruiting of graduate and new professionals, some activities may occur outside of the typical hours (candidate dinners, candidate transport needs). It is not uncommon for student staff to call on professional or personal advice outside of the workday. Professionals may also receive e-mails outside of work

hours and may feel compelled to respond, even when the workday has ended. Also, when professionals are on call, a myriad of crises are presented that may require assistance which can leave staff drained physically, mentally, and emotionally. Some of the crises range from roommate frustrations to facilities concerns to sexual assault and suicide ideation. Many times these crises occur outside of typical work hours and can interrupt personal time.

The study sample yielded  $M=37.30$  with respect to the Personal Accomplishment subscale of the MBI, indicating that participants feel accomplished and competent in the work they do as this sample is higher than that studied by Maslach et al., (2010) This could be because participants have good relationships with their peers and have social support which could promote positive self-esteem at work. In addition, research cited by Sanchez and Yurrebaso (2009) note that people who work in a cohesive team report more job and personal satisfaction. Leiter and Maslach (1988) also studied coworkers and supervisors and found that pleasant coworker contact is positively correlated with personal accomplishment. If professionals' social needs are being met at work, professionals may feel confident about the services, leadership, and customer service they are providing to students, parents, and other university partners.

Although the above information with respect to wellness and burnout do not answer the research question, this does impact overall wellness which in turn impacts the support and level of care residence life professionals are able to provide to students.

### **Research Question 1**

This research question sought to determine if there was a statistically significant relationship between altruism and emotional exhaustion. Using multiple regression, the findings indicated that there was not a statistically significant relationship between the two; constructs. However, research by Ngai and Cheung (2009) found a negative relationship between burnout

and altruism in undergraduate students. Limberg (2003) also examined emotional exhaustion and altruism in counselors and found a negative relationship between the two constructs. More research needs to be done with student affairs personnel, especially residence life personnel.

### **Research Question 2**

This research question sought to examine if a statistical relationship between altruism and depersonalization. There was no statistically significant relationship found between the two constructs. There is research to support that professionals who engage in helping behaviors may produce a positive affect allowing for engagement (Van Emmerik et al., 2003). More research needs to be conducted with respect to individual burnout dimensions and altruism to determine how altruism impacts different aspects of burnout.

### **Research Question 3**

This research question sought to determine if there was a statistically significant relationship between emotional exhaustion and overall wellness. Results indicated there was no statistically significant relationship between emotional exhaustion and overall wellness, as emotional exhaustion explained 14% of the change in total wellness among entry level, live-in and live on professional staff.

### **Research Question 4**

Research question 4 sought to determine if there was a statistically significant relationship between emotional exhaustion and physical wellness. No statistical relationship was found as emotional exhaustion explained 3% of the change in physical wellness of professional live-in and live on residence life staff.

## **Research Question 5**

Research question 5 sought to determine if there was a statistically significant relationship between social wellness and emotional exhaustion. No statistical relationship was found as social wellness only explained 1% of the change in emotional exhaustion among entry level live in and live on professional residence life staff.

## **Conclusions**

The following are conclusions presented with respect to the research questions that were answered in Chapter 4 of the dissertation.

It is concluded that overall altruism does not affect emotional exhaustion of entry level live and live on residence life professional staff. This could be because many people who enter both student affairs and residence life want to help others as do many other professions (Duffy & Raque-Bogdan, 2010); there is little understanding as to why people enter the profession, although some research by Tuab and McEwen (2006) cited that persons entering the field have a desire to help students and like the attractiveness of the collegiate setting (Tuab & McEwen, 2006). Also, there is research that links altruistic behavior to lower anxiety levels, depression, and higher life satisfaction (Hunter & Linn, 1981; Duffy & Raque-Bogdan, 2010), and higher perceptions of health, and lower functional dependency (Duff & Raque Bogdan, 2010).

Understanding ways in which residence personnel are helpful and how /if providing help affects mental and/emotional states may serve as a head start in further understanding the phenomenon of burnout in entry level residence life professional staff.

It is concluded that altruism does not affect depersonalization for entry level, live in and live on residence life staff. This could be because staff are satisfied with their work; this however, does contradict previous research that supports that residence life personnel are mildly



satisfied with their jobs (Jones, 2002; Davidson, 2012). Even research with graduate assistants who are live-in staff report that personnel are generally satisfied with their positions (Winston, Ullom & Werring, 1983). Although residence life personnel are somewhat satisfied, there is a growing concern for recruiting qualified professionals, as retaining entry level personnel has been a concern (Tuab & McEwen, 2006; Belch & Mueller, 2003; Collins & Hirt, 2006; Onge, Ellett, & Nestor, 2008). Additional research should be conducted to understand how depersonalization manifests at work, affects attitude at work and willingness to remain in residence life.

Student affairs professionals often assume many roles and responsibilities in their work (Gregory, 2005). Entry level residence life professionals may supervise staff, be responsible and have direct contact with students (Onge et al., 2008), manage budgets, program development (Henning et al., 2011). Additionally as reported by Belch & Mueller (2003), senior level housing and residence life professionals note that many entry level live in professionals are overwhelmed with the administrative nature of the position. Gregory (2005) noted that many articles have discussed burnout with respect to student affairs personnel, but there is little research dedicated to achieving balance and wellness.

It is concluded that emotional exhaustion has little impact on overall wellness. Perhaps entry level residence life professional have optimal health and wellness practices that serve to mitigate burnout. Administrators need to not only do frequent check-ins to determine the holistic health of their employees, but it is helpful for more seasoned employees to share ways in which they maintain health and wellness. Administrators should be aware of messages they send; administrators may frequently e-mail employees after hours and on the weekend, which may indirectly pressure professionals to respond to issues and concerns outside of work hours. In addition, some

institutions have pet policies, and allow for reduced membership fee in the gym as well as reduced/ticket for various events on campus, which encourages wellness.

From this research, emotional exhaustion does not statistically impact physical health of entry level, live-in and live on entry level residence life staff. Although burnout is unique to each person, some of the adverse effects are job detachment, cynical thoughts (Spicuzza & DeVoe, 1982), while physical signs and symptoms of stress and burnout are fatigue, headache, insomnia (Kleiner & Pavalko, 2010; Spector, 2011). It is also difficult for persons who are emotionally exhausted to be rejuvenated for the next work day (Edwards & Dirette, 2010). In addition, the CDC (2012) reported that more than one third of the population is obese; out of the twelve states that have reported obesity rates higher than 30%, five of the states were also used in the research project: 1) Kentucky, 2) Alabama, 3) Mississippi, 4) Louisiana, and 6) South Carolina. Perhaps participants who completed the survey may have good health habits, while other participants do not believe their job negatively affects physical health.

Lastly, social wellness has little impact in the emotional exhaustion of entry level, residence life, live in and live on residence life staff. There has been little research dedicated to team relationships predict burnout and results showed that friendships between and among team members significantly impact emotional exhaustion and personal accomplishments (Kruger et al., 2012). In residence life, in addition to co-worker relationships, many co-workers establish friendships outside of the workplace that may positively affect health of entry level, live in and live on professional staff. More research with residence life personnel is needed in this area.

## Limitations of Research Study

### Research Design

The study also had limitations that could potentially impact the results. This was a correlational research study. Correlational research shows the relationship between two variables; however, variables can be related without an association between the variables. For example, if variable X and Y have some level of association, it can be concluded that X caused Y, Y caused X, or another variable can cause X and Y to be associated without a causal relationship between X and Y (Wiersma, 2000). Correlational research also may not be generalizable to other populations. Another limitation specific to correlational design is mortality. *Mortality*, a threat to internal validity, relates to the persons who opted not to participate in the study or persons who dropped out (Creswell, 2009); these persons may have attributes that are different than those who do participate. Of the 156 persons who started the survey, only 107 completed the survey in its entirety. Entry level live in and live on professionals who are burned out or unwell may have opted to not take the survey or may not have completely filled out the survey. The research design did not establish criteria to increase participation among those who may perceive themselves to be burned out, holistically unwell, or altruistic.

In addition to internal validity, there are threats to external validity. External validity refers to the ability to generalize the results to that of the sample to the population (Johnson & Christensen, 2012). The researcher examined residence life professionals that work in the eleven states in the southeastern region of the United States. This study may not be generalizable to other larger populations. Because the sample size is small compared to the population, there is greater risk of a Type II error.

## **Instrumentation**

The primary limitation with respect to instrumentation was use of the Self Report Altruism Scale (SRA) (Rushton et al., 1981). The SRA was created in 1981 and permission to use the scale was given to the researcher for purposes of this study. There were concerns about some questions being heteronormative, which normalizes heterosexual existence and behaviors as prescriptive norms; heteronormative also marginalizes gender roles (Brake, 2010). Examples of heteronormative behaviors are assuming an intimate relationship consists of a man and a woman and believing men should be providers outside of the home. Some of the questions in the Self Report Altruism Scale could be seen as heteronormative, which may have affected how respondents scored some of the questions.

Additionally all data collection instruments utilized in this research study were self-reported; there is a possibility that participants may be biased which has the potential to influence study results. One concern with self-reported data is the accuracy of recalling events as participants may remember or not remember pivotal events and experiences that have occurred (Robins, Fraley, Kreuger, 2007).

## **Sampling**

One limitation for the proposed investigation is the response rate (68.6%). One way the researcher attempted to create a high response rate was to offer an incentive to participants as suggested by Dillman (2008). Additionally, the sample was composed of professionals who only resided in the Southeastern part of the United States that work at public and private institutions. Results may not be generalized to other professionals who live in different regions and results may not be applicable to persons working at historically black colleges and universities (HBCUs). The researcher also set limitations with respect to the research project as the

researcher chose to sample participants who lived in the Southeast, who worked at public and private institutions. This drastically cut the potential for research participants who live and work in other regions of the United States.

The researcher also knew many of the potential participants in the southeast and had seen them at other conferences. When the researcher attended at a national conference in 2014, and introduced herself, many conference attendees asked if the researcher was the same person conducting the study on altruism, burnout, and wellness to which the researcher responded yes. In addition, many potential participants the researcher knew would let the researcher know that they completed the study and would encourage others to do so as well. Because many potential participants knew the researcher on some level, social desirability with respect to the study could have resulted. Social desirability is described as “the tendency to provide socially desirable responses to states in self description...give culturally sanctioned and approved responses...describe oneself favorably...and to give responses that make the individual look good,” (Weiner & Graighead, 2010, p. 1628). Because many of the potential participants knew the researcher, some may have opted to rate themselves in favorable terms, although the researcher promised confidentiality to each participant.

The last limitation with respect to the study is lack of prior research studies on the proposed research topic. Although higher education and student affairs focus on improving the lives of others and are cited as a “high touch,” (Skovolt et al., 2001, p. 168) professions, there is little research establishing higher education and student affairs as helping professions. Additionally, there is little literature dedicated to burnout of student affairs professionals, although there have been some studies conducted with faculty members (Daly & Dee, 2006; Gillespie et al., 2001).

## **Implications**

### **Graduate Programs**

There were no significant relationships found as a result of this study; however there are implications regarding the possible relationship between burnout for entry level live in staff and wellness. Graduate programs in student affairs seek to train students to be proficient student affairs practitioners (Kuk & Banning, 2009). Graduate students who serve as graduate assistants provide a valuable service to the institution and it is important for them to have rich and positive experiences as they prepare to work in the field. Graduate students often serve in a dual role—as a student and professional. Many graduate students cope with demanding work hours along with heavy course loads. Because of this, self-esteem, social support, and student well-being is imperative to success (Grube, Cedarholm, Jones, & Dunn, 2005).

Many graduate students are told they need to find balance and it is suggested that student affairs and graduate faculty work together to provide a rich and positive experience for graduate students. In addition, faculty are encouraged to set expectations that allow for personal health and wellness (Grube et al., 2005). Graduate programs should also consider a health and wellness course to be added to course curricula where opportunities are created for students to focus on their mental, physical, and emotional health. To foster positive relationships with student affairs administrators, it is also helpful for different professionals across to talk about not only their professional journey, but the ways in which they maintain health and wellness.

### **Ethical Practice**

Residence life professionals work very closely, not only with students, but with coworkers, colleagues, and university partners. Professionals have an opportunity to make lasting impressions and really have the potential to impact lives. Student affairs and residence life

practice is guided by ethical principles. The ethical principles as outlined by Fried (2003) are: 1) respecting autonomy, 2) do no harm, 3) benefit others, 4) be just and 5) be faithful. *Respecting autonomy* refers to allowing people to make their own decisions. With respect to policies in student affairs, professionals are charged with creating and maintaining a civil, safe, educationally supportive environment. *Do no harm* is not only a fundamental practice of student affairs, but all helping professions are guided by this principle. Physically hurting others can be avoided relatively easy. However, if professionals are burned out, they can unintentionally hurt others in their care (Lee & Akhtar, 2011). If professionals lack sound judgment, knowledge and other pertinent skills needed to carry out tasks, this can cause detriment and harm to students and potentially professionals, parents, and other university stakeholders (Rhodes, Liang, & Spencer, 2009).

Harming students, whether intentional or not can have serious repercussions and can lead students to seek legal action against an institution. One example is a tort. A *tort* is “a civil wrong [as opposed to a criminal wrong], other than a breach of contract, for which the courts will allow a damage remedy,” (Kaplin & Lee, 1997, p. 88). Typically the damage remedy is monetary. One type of tort is negligence which is “failure to act with due care,” (Gehring, 1993, p. 362). Examples of torts could be professionals neglecting to tell students important information that affects their safety, security, and well-being.

*Benefit others* is one of the main tenants not only in residence life, but student affairs. Many people work in student affairs because they want to help others (Tuab & McEwen, 2006). Benefiting others entails creating and promoting a positive, healthy environment where growth and development can occur (Fried, 2003). Residence life professionals work with students and assist them in solving a myriad of problems. However, if professionals are burned out, they may

be very detached from students which may impede listening skills, caring abilities, and could lower empathy. Additionally, staff may not pick up on all the cues that a student needs help. It is important for staff to notice signs when students are in academic and personal distress to assist them on their way to holistic wellbeing. Often, students may not directly express concerns, but student behavior may serve as an indicator of serious problem. For instance, underage drinking is a major health concern in the United States (Centers for Disease Control, 2011). Additionally, the National Institute of Alcohol Abuse and Alcoholism (2014) notes that 50% of students are binge drinkers and 80% drink alcohol. Furthermore alcohol abuse leads to academic absences, falling behind in school work, and can lead to poor test grades (National Institute of Alcohol Abuse and Alcoholism, 2014). In addition to academic concerns, alcohol abuse can lead to sexual assault, interpersonal violence, and unintentional death (Hingson, Heeren, Zakocs, Kopstein & Weschler, 2002; Boyd & Faden, 2005).

In addition to underage and binge drinking being a concern, violence on campus is a major concern. In the wake of campus shootings at Northern Illinois University, Virginia Polytechnic Institute and others, staff personnel are faced with students who handle their personal concerns in maladaptive, detrimental, and tragic ways. Barrios, Everett, Simon and Brener (2000) concluded that the leading causes of death among college students are homicide, injury, and suicide. Suicide is the 2<sup>nd</sup> leading cause of death for persons aged 25-34 and the 3<sup>rd</sup> leading cause of death in persons age 15-24 (Suicide Prevention Resource Center, 2014). College is a huge transition for college students; for many this is their first time away from home and they may possibly away from their support system and students have to learn to balance academic requirements for scholarships and a variety of other reasons, make new friends, live with a roommate, and academic or personal concerns may arise as they matriculate though



college. An uncaring, detached, burned out professional could potentially harm a student in need by not listening, invalidating their concerns, not adequately reporting mental health crises, or brushing their concerns to the side.

*Be just* is the fourth ethical principle guiding practice in Student Affairs. Justice implies that quality, reciprocity, impartiality, and fairness. The fifth ethical principle is *be faithful*. Being faithful involves keeping promises, whether they are implied, stated, or written. This means that professionals should keep appointments and commitments made to students, colleagues, parents, and other university stakeholders should stand. Being faithful also means that professionals will not gossip and will keep information confidential. If professionals are feeling burned out in their work, they may be more inclined to be physically absent or physically present and mentally and emotionally absent from their work.

### **Professional Practice**

It is important that institutions foster the holistic wellness of its live in and live on staff. This can be done by providing free or reduced gym memberships, free/reduced prices to athletic events, providing desirable and equitable living conditions among staff, pet policies, and domestic partnership policies. Other ways to foster holistic wellness is to ensure that after hours and on call work expectations are clearly outlined as defined as non-standard work lead to lower job satisfaction, negativity at work, and decreased commitment, increased stress level, and decreased sleep and mental health (Witmer & Martin, 2010; Bamber et al., 2012).

Being faithful with respect to ethics also includes confronting colleagues when they do not keep their promises (Fried, 2003). In addition, staff should be held accountable. Entry level residence professionals have an important job; they are responsible for safety, and well being of the on campus population. Staff will be faced with a variety of issues; some will be small and

some will be great. Residence life staff have the ability to impact and improve the lives of students that they serve. Some days will be rewarding and other days will be difficult. It is important for supervisors to check the pulse of entry level staff; supervisors should pay attention to the spoken and the unspoken. Entry level professionals should go to their supervisors when they have concerns and when they are feeling emotionally drained as this affects not only the exhausted individual, but this has the potential to impact other staff, students, and university stakeholders.

In professional practice, many institutions look for a good “fit.” Typically, there are many qualified candidates on paper, but many people consider fit when respecting to hiring employees. Organizational fit refers to “the degree of congruence between employee and organizational beliefs, norms, values and goals,” (Ruiz-Palomino & Martinas Canas, 2014 p. 97). Typically the decision to hire a candidate is not only based on their application, qualifications, and interview, but many note it is about being a good fit for the organization. There is research to suggest that a high degree of organizational fit yields job satisfaction (Verquer, Beehr, Wager, 2003) and organizational commitment (Verquer, Beehr, & Wager, 2003; Kristoff-Brown, Zimmerman, & Johnsopn, 2005). However, staff should be comfortable and open to hiring people who are different than the existing norm. Hiring people who could be considered as “norm” for the organization may have a desire to work and help students, but how quickly will staff burnout? At what point will professionals care for others so much, that they neglect self-care and unintentionally harm others through their work? Professionals are encouraging the culture of burnout and potentially unwell staff by hiring the same type of staff. At some point, departments must look for people who may go against the grain of what has typically been accepted in professional practice.

Another way to increase wellness and thwart burnout is effective supervision by mid managers. Entry level professionals are dealing with a slew of student concerns in addition to dealing with administrative pressures. As the honeymoon phase for entry level professionals end, many staff may realize they are in an environment that is confusing, conflicting, and unstable (Shupp & Arminio, 2012). ACPA conducted a professional needs study (Cilente, Henning, Skinner, Kennedy, & Sloane, 2006) and results shows the attrition rates and burnout of new professions is correlated to the lack of support displayed by supervisors. Supervisors have to be in tune with the needs of their entry level staff.

### **Recommendations for Future Research**

With the completion of this study, there are other research projects that can be conducted in order to understand the phenomenon of burnout, wellness, and altruistic behavior of residence life staff. This research can be conducted using qualitative, quantitative, or mixed method research methods and analysis. Further research interests and questions the researcher would like to consider are:

1. What factors impact the decision to the enter residence life?
2. How does graduate work in residence life influence the decision to remain in residence life upon the completion of graduate studies?
3. Is there a relationship between workload of entry level, live in, and live on residence life personnel workload and dimensions of burnout?
4. How do workplace factors influence the decision to remain in housing and residence life?

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## APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

### Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/ projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.

-- Applicant, Please fill out the application in its entirety and include the completed application as well as parts A-F, listed below, when submitting to the IRB. Once the application is completed, please the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at <http://sites01.lsu.edu/wp/ored/human-subjects-screening-committee-members/>

-- A Complete Application Includes All of the Following:

(A) A copy of this completed form and a copy of parts B thru F.

(B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)

(C) Copies of all instruments to be used.

\*If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.

(D) The consent form that you will use in the study (see part 3 for more information.)

(E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (<http://phrp.nihtraining.com/users/login.php>)

(F) IRB Security of Data Agreement: (<https://sites01.lsu.edu/wp/ored/files/2013/07/Security-of-Data-Agreement.pdf>)

1) Principal Investigator: Erin Coquese R. Vaughn

Rank: Doctoral Candidate

Dept: School of Education

Ph: 501-4993678

E-mail: evaughn@lsu.edu

2) Co Investigator(s): please include department, rank, phone and e-mail for each

\*If student, please identify and name supervising professor in this space

Dr. Jennifer Curry, Associate Professor, Interim Associate Dean for Program and Services, College of Human Sciences and Education  
221G Peabody Hall  
jcurry@lsu.edu, 225-578-1437

IRB# E8598 LSU Proposal #

☒ Complete Application

☒ Human Subjects Training

☒ IRB Security of Data Agreement

3) Project Title:

Assessing altruistic Behavior, Burnout, and Wellness Outcomes of Entry Level Live in and Live On Residence Life Professionals

STUDY EXEMPTED BY:

Dr. Robert C. Mathews, Chairman  
Institutional Review Board  
Louisiana State University  
130 David Boyd Hall  
225-578-8692 / [www.lsu.edu/irb](http://www.lsu.edu/irb)

4) Proposal? (yes or no) ☐ No

If Yes, LSU Proposal Number

Also, if YES, either

☐ This application completely matches the scope of work in the grant

OR

☐ More IRB Applications will be filed later

Exemption Expires: 12/15/2016

5) Subject pool (e.g. Psychology students)

Entry level Residence Life professionals

\*Circle any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the ages, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature

*Erin Coquese R. Vaughn*

Date

10-Dec-13

(no per signatures)

\*\* I certify my responses are accurate and complete. If the project scope or design is later changes, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted ☒ Not Exempted ☐ Category/Paragraph

Signed Consent Waived? Yes / No for survey

Reviewer S. Kim MacGregor

Signature S. Kim MacGregor

Date 12/16/2013

## APPENDIX B: INFORMED CONSENT

**Please read this informed consent in its entirety prior to agreeing to participate in this study.**

Thank you for participating in this survey. Your feedback is important. Please answer the following questions as honestly as possible.

The purpose of this survey is to help the researcher assess altruistic behavior, burnout, and wellness outcomes of entry level live in and live on Residence Life professionals. All participants are required to complete demographic information in addition to completing the survey.

Information gathered from the participants will add to the body of knowledge about occupational burnout and holistic wellness. In addition, three participants will have the opportunity to win a \$25.00 Visa Gift card upon completion of the survey.

It will take no longer than 30 minutes to complete this survey.

I do not anticipate that taking this survey will contain any risk of harm to you. Furthermore, your participation is strictly voluntary and you may withdraw your participation at any time without penalty.

All information collected will be used only for my research and will be kept confidential. There will be no connection to you specifically in the results or in future publication of the results. Once the study is completed, I would be happy to share the results with you if you desire. In the meantime, if you have any questions, please ask or contact:

Erin Coquese R. Vaughn, Principal Investigator  
[evaughn@lsu.edu](mailto:evaughn@lsu.edu)  
501-499-3678

Or

Jennifer Curry, PhD, Co-Investigator  
[jury@lsu.edu](mailto:jury@lsu.edu)  
225-578-1437

Additionally, if you have any concerns about your treatment as a participant in this study, please call or write:

Robert Mathews, Chair, Institutional Review Board  
Louisiana State University  
Baton Rouge, LA 70803  
(225) 578-8692, [irb@lsu.edu](mailto:irb@lsu.edu)

By clicking START SURVEY, you are verifying that you have read the explanation of the study and that you agree to participate. You also understand that your participation is strictly voluntary.

## APPENDIX C: INVITATION TO PARTICIPATE IN RESEARCH

Greetings from Baton Rouge, LA

My name is Erin Coquese R. Vaughn and I am a doctoral candidate at Louisiana State University in the Higher Education and Administration program. I am also a full time Residence Life Coordinator for the Department of Residence Life at LSU, where I currently work in an upper class apartment style community.

I am conducting an IRB approved dissertation study on entry level live in and live on residence life personnel. The title of the study is "*Assessing Altruistic Behavior, Burnout, and Overall Wellness of Live in and Live on Residence Life Professionals.*" This study is important as it not only adds to the existing literature about burnout, but I hope this study outlines how to prevent burnout to sustain engagement at work. I am also hoping this work will assist me in offering wellness prevention strategies for professionals as well as retention strategies departments can utilize to recruit and retain engaged, high performing employees.

The following are required criteria for each participant:

1. Must be a full time live in or live on staff member who works in Residential Life/Housing
2. Must have no more than 5 years of professional experience
3. Must be employed at a 4 year predominately white college or university
4. Must live in the Southeastern part of the United States in one of the following states: AL, FL, GA, KY, MS, LA, NC, SC, TN, or VA.

I am asking that you forward this correspondence your entry level, full time live in and/or live on staff in your department. This survey will take less than 30 minutes and your participation is voluntary. At the end of the survey, participants will have the chance to enter for one of three \$25.00 VISA Gift cards. Please click on the link below to go to the survey website or copy and paste the survey link into your internet browser to access the link. I am asking that the survey is completed by April 3, 2014.

<http://transform.mindgarden.com/survey/13865>

Please be assured that survey responses are confidential; no identifiable information will be identified in this research. The results of this study may be used in reports, presentations, and publications, but you will not be identified.

If you have any concerns or comments about this study, please feel free to contact me at 501-499-3678 or [evaughn@lsu.edu](mailto:evaughn@lsu.edu) anytime. Thank you so much for your assistance; feedback is very much appreciated. Thanks again.

Erin Coquese R. Vaughn  
Louisiana State University and A and M College  
Residence Life Coordinator, West Campus Apartments  
Chair, Social Justice and Sustainability Committee  
99 Grace King Hall

Baton Rouge, LA 70803  
[evaughn@lsu.edu](mailto:evaughn@lsu.edu)



## APPENDIX D: PARTICIPANT DEMOGRAPHICS

Directions: Please complete the following general demographics survey (all responses will remain anonymous).

1. Years of Professional Experience

☐ less than 1                      ☐ 3-4  
☐ 1-2                                ☐ 5

2. Highest Level of Education Obtained

☐ Bachelor's Degree                      ☐ Doctoral Degree  
☐ Master's Degree

3. Age

☐ 23-25                                ☐ 29-31  
☐ 26-28                                ☐ Over 31

4. Do you currently participate in a structured religious/spiritual practice?

☐ Yes  
☐ No

5. Are you currently taking any medication for depression/anxiety?

☐ Yes  
☐ No

6. On average, how many hours of sleep do you get per night?

☐ less than 5                      ☐ 6                      ☐ 8  
☐ 5                                      ☐ 7                      ☐ Other (please list)

7. How many children live in your household?

☐ 0                                      ☐ 2                      ☐ Other (please list)  
☐ 1                                      ☐ 3

8. How many times per week on average do you exercise?

☐ 0                                      ☐ 3-4  
☐ 1-2                                      ☐ more than 4x a week

9. How many hours per month do you volunteer?

☐ 0                                      ☐ 3-5  
☐ 1-2                                      ☐ more than 5

10. Institution Type

☐ Public, PWI  
☐ Private, PWI

11. Institution Size

☐ less than 10,000                      ☐ 20,001-25,000  
☐ 10,001-15,000                      ☐ 25,001-30,000  
☐ 15,001-20,000                      ☐ more than 30,000

## **VITA**

Erin Coquese R. Vaughn is a native of Clarksdale, Mississippi. Erin received her Bachelor of Art degree in English Education and Spanish from the University of Southern Mississippi in 2007. Erin then went on to attend graduate school at the University of Central Arkansas where she served as a graduate assistant in Housing and Residence Life and obtained her Master's degree in College Student Personnel and Administration Services. Since graduation in 2009, Erin has worked at Louisiana State University in the Department of Residence Life. Upon obtaining her Ph.D. at LSU, Erin plans to continue her journey in residence life and student affairs.